VACCINE INC PART 3

SCIENTISMS HIGH PRIESTS FOR PROFIT AND POPULATION CONTROL

SCHIEFERDECKER.
Horrors of vaccination.
New York, 1870.

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BY

Dr. SCHIEFERDECKER.

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Quod odi, hoc facio.

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HORRORS OF VACCINATION.

During the late rebellion in the United States, a conspiracy was suspected to introduce infected clothing into the Northern cities and garrisons, for the purpose of accomplishing by disease what the Southerners were unable to accomplish by their arms. When this conspiracy was said to be discovered, it produced a shock not limited to any race or country. It was felt that none but demons could carry on war upon such principles, and that there was no imaginable punishment too severe for it. While we are unable to place any limits to our indignation at such a hideous crime, though perpetrated in the hallowed name of patriotism, we are not only countenancing, but, in some instances, by law compelling the great mass of our population to submit to be poisoned, their blood corrupted, and the foundations laid for the most devastating diseases with which the human family has been scourged.

This systematic poisoning of our race is done in the name of science; and the vast army of physicians, who ought to protect the public health, are the agents authorized to spread a malignant virus through the world. Not content with infecting the blood of the adult and the aged, they take the helpless infant from its mother's breast, and, with the lancet, transplant a virus, concentrated by disease, into its pure blood, and thus compel it to contend for the rest of its life with diseases which it otherwise would probably never have known.

This method of wholesale devastation, which sends thousands annually to premature graves, which shocks no one, which the law encourages instead of punishing, is called "Vaccination."

It is now about a century and a half since Lady Mary Wortley Montague introduced from the East the system of inoculating with the virus of small-pox as a preventive of that disease. A natural instinct resisted this insane effort to cast out devils by Beelzebub, the prince of devils, but it gained a sufficient footing to demonstrate that it was propagating frightfully the disease it was designed to check. In 1746 a small-pox hospital for inoculating the poor was established in London, and in 1752 the deaths from small-pox were more numerous than ever before.*

Inoculation was prohibited by royal authority in Paris in 1763, in consequence of an investigation which proved that the infection was multiplied and diffused by that process. Moore, in his History of Small-pox, says: "It is asserted in Spain, where the practice was scarcely ever admitted, that small-pox has caused less mortality, in proportion to the population, than in any other country in Europe."

In 1768, the Empress Catharine, of Russia, under the advice of Baron Dinsdale, submitted herself and her son Paul to his treatment by inoculation. This high example spread the practice through Russia, and diffused the natural small-pox and all its attendant evils so rapidly that the Imperial Physician makes a calculation by which it appears that in less than twenty-five years every seventh child born in Russia died annually of small-pox.†

Just as common sense was beginning to get the better of this frightful delusion, and about eighty years since, Dr. Jenner introduced, as its substitute, the practice of inoculating with virus taken from cows infected with pox, instead of that taken from small-pox patients. He pretended that the virus from cows developed a more mitigated form of disease than inoculation, and was equally efficient as a prophylactic. This more dangerous, because less readily detected, delusion, though very justly denounced by his contemporaries as an attempt to beastialize the human race, and diabolical in its tendencies, has grown in favor with the world, until now vaccination in many countries is enforced by law; and all the foul diseases, of which it is the vehicle, are diffused among men, not only with the sanction, but at the expense of many of their governments.

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* Baron's Life of Jenner, p. 233.

† Moore's History of Small-pox, p. 286.

In 1845, while I was the Medical Director of a water-cure establishment in Philadelphia, I was cognizant of the case of a lady in that city, of feeble health, who had been repeatedly vaccinated, being restored to perfect health by a violent attack of confluent small-pox. I myself, though I had been vaccinated several times, also took the disease, which attacked every patient in my establishment who had been vaccinated. Only one, a Mr. J. Kay, who had never been vaccinated, escaped.

These most unexpected results led me to investigate the theory upon which inoculation and vaccination, as prophylactics, have been commended to the world. My investigations have brought me to the following conclusions:

1. That it is not true that vaccination is a preventive of small-pox.

2. That cow-pox virus is as decided a poison as that taken from the small-pox patient.

3. That vaccination propagates a variety of other diseases, many of which are more fatal than small-pox, such as scarlet-fever, croup, typhoid-fever, scrofula, consumption, syphilis, cancer, tuberculous formations, diphtheria, etc.

4. That small-pox, as well as other diseases, when they fasten upon people who have been vaccinated, are more malignant and more difficult to cure than when they attack persons who have never had their blood thus corrupted.

5. That longevity has diminished since the introduction of vaccination.

I.

It is not true that vaccination is a preventive of small-pox.

Independent of my own experience, which has been very far from confirming the pretensions of the disciples of Dr. Jenner, I will cite some of the leading authorities upon this subject. Dr. Pearce, who was for thirty-five years vaccine physician in Edinburgh and London, asks: "How can the historian fall into the error of ascribing the changed mortality from small-pox to vaccination? In the first thirty years of the last century there died of 1000 small-pox patients, 74; in the last thirty years of the same century, after inoculation, there died of 1000, 95." In the Vaccine Report of 1803, it is declared: "It is not at all proved that the vaccine is a benefit for the people, for of about 1000 persons vaccinated, six died and twenty-five suffered from severe illness; while at the same time vaccination spread the contagion and increased the mortality. Of 298 vaccinated, there died in the small-pox hospital in London not less than 31. Consumption increases fearfully." Alexander von Humboldt says, in a letter to Mr. Gibbs, President of the Anti-Vaccine League in London, "that he had clearly perceived the progressive, dangerous influence of vaccine in France, England, and Germany."

During the first years of our century only 15,000, and up to 1808 only about 160,000, individuals were vaccinated in England. If such limited vaccination among a population of nearly twenty millions produced the miraculous effect commonly pretended, why does the disease exist there at all, now that compulsory vaccination is introduced?

In no country is statistical science more advanced than in France, and the Report on the Results of Vaccination of 1865, laid before the Academy in Paris, presents the following facts:

"In ten departments, where, at an average, 28 per cent are vaccinated: cases of small-pox, 1.69 per cent; deaths from small-pox, 9.62 per cent. In ten department, where 100 per cent are vaccinated: cases of small-pox, 10.64 per cent; deaths from small-pox, 9.90 per cent. Or, departments where vaccination is below 50 per cent: cases of small-pox, 2.22 per cent; deaths, 0.17 per cent; and where it is above 50 per cent, cases of small-pox, 5.69 per cent; deaths, 0.52 per cent."

Marc D'Espine shows, in *Echo Medical*, Juillet, 1859, that of vaccinated people, 65 per cent, and of not vaccinated, only 23 per cent were attacked by the most malignant form of small-pox. Where, from want of physical strength, the pox did not break out, there died of 100 vaccinated, up to 56 per cent; while, according to Perrin, of such not vaccinated, only 8 per cent died at the Hôtel Dieu.

The Report of the Epidemiological Society in London declares, as a proof of the value of vaccination, that before the compulsory vaccination law of 1853, in England, there died of small-pox, during twelve years, 82,825 persons; and after 1853, in the same period, there died only 47,710 persons of the same disease. Let us examine the report:

First. It is thus established, that during twenty-four years, in which vaccination was more or less general, 130,535 persons died of small-pox, and that, therefore, at the average of 7 per cent, which was the average of deaths from this disease prior to the introduction of inoculation, about two millions were attacked by small-pox.

Second. The same report shows, that whenever the small-pox decreased, other skin-diseases increased; so that, notwithstanding the decrease of small-pox after 1853, upward of 100,000 people more died of measles, scarlet fever, whooping cough, and croup, than ever before.

Third. It also proves that nearly 230,000 more people died of consumption than before.

Fourth. Of the small-pox patients, about 84 per cent were vaccinated, and 16 per cent were not vaccinated.

Fifth. It is a fact that in London there had not been a real small-pox epidemic from 1796 to 1825; but since the general introduction of vaccination, not one year has been entirely exempt from the disease; and during the years from 1863 to 1865, there died in London alone, of small-pox, more than 20,000 persons.

It is also known that, during the years from 1863 to 1865, small-pox prevailed to an enormous extent, not only in England, but also in Germany, Hungary, France, and Sweden, notwithstanding the general compulsory vaccination. In Upper-Bavaria, where the compulsory law is strictly executed, there were, at the time 1346, attacked by malignant small-pox, 1256 vaccinated, and 90 not vaccinated; so that vaccination has not even made the disease milder.

We know further, that the average of deaths from small-pox was in former times about 7 per cent; whereas Dr. Bayard, an eminent French physician, shows that now generally 15 to 20 per cent die.

Dr. Engel, the head of the Bureau of Statistics in Berlin, proves, from a careful calculation, extending over forty-three years, "that death by small-pox, on the whole, occurs now as frequently as formerly."

Dr. Collins, twenty years vaccine physician in London and Edinburgh, writes: "There really exists no change in the virulent character of the small-pox, notwithstanding the vaccination-laws; and of those attacked by the disease, at least two-thirds were satisfactorily vaccinated." He adds: "If I had the desire to describe one-third of the victims ruined by vaccination, the blood would stand still in your veins. . . . . . . We have to discern between two classes received in our institute: 1st, People who live in well ventilated houses, who are well dressed and fed and cared for; these are the vaccinated ones. And 2nd, People who live in the very opposite conditions, who stand lower in a physical and mental point of view, and have consequently less life-power; these are the not-vaccinated. I have not the least confidence in vaccination; it nauseates me, for it transfers often filthy and dangerous diseases from one to another, without offering any protection whatever."

Statistical tables further show that, from 1675 to 1761, the yearly average deaths by small-pox were, in London, 7 per cent; in Edinburgh, 7.6 per cent; in Paris, 7.2 per cent; in Berlin, 8.1 per cent. The small-pox killed before inoculation from 7 to 8 per cent; of those attacked by it under inoculation, the mortality increased to from 7 to 10 per cent, and vaccination has elevated this rate to from 11 to 15 per cent. The disease reached its acme in 1779 and 1784, and then for fifteen years grew slowly milder, and in 1809 it nearly disappeared; but in its stead, a typhoid (variola intestinalis) developed itself, which yearly snatched away many thousands more than any epidemic of small-pox. Besides this, some of the greatest lights of the faculty have observed and declare, "that people who are not vaccinated, far more readily recover from any acute disease than those who are vaccinated."

II.

While it is established upon perfectly competent authority that vaccination is not a reliable prophylactic, I propose now to show upon equally good authority,

1*st*, *That the cow-pox virus is as decided a poison as that taken from a small-pox patient;* *and*,

2*nd*, *That its introduction into the human system propagates a variety of other diseases, many of which are more fatal than small-pox, such as scarlet fever, croup, typhoid fever, scrofula, consumption, syphilis, cancer, tuberculous formations, diphtheria, etc.*

I.—Cow-pox is Poisonous.

The highest legal authorities define poison to be not only corrosive and caustic matters in general, which in certain known quantities endanger the health and life of an individual, but all matters which, when introduced into the body, secretly effect its destruction. The cow-pox therefore is a poison, (1,) Because it is the product of infectious matter of a corrosive character, for it produces on the sexual organs of the cow inflammation and suppuration;

(2,) Because in certain quantities it endangers the health and life of children; (3,) Because, like syphilitic poison, it causes inflammation and ulcers. It was for these reasons precisely that inoculation was forbidden in many parts of Europe, and is now discountenanced by the medical profession everywhere. Why is not vaccination also? It is now ascertained that the cow-pox does not originate with the cow, but is probably communicated to it by the infected hand of the milker, for there is no case on record, that I am aware of, of a bull or ox having the pox.*

Dr. Stamm, most careful observer, and author of a Treatise on Animal Virus, declares that he never succeeded in finding a single cow in which the pox had originated. Vaccine, therefore, is simply human small-pox strained through the system of the cow or some other animal, and is as much an animal virus as syphilis, malanders, scarlet-fever, cholera, or hydrophobia, etc. Then, why not inoculate for them? There have been physicians, among whom are Doctors Turenne, Froriep, and Tardieu, who recommend inoculation for these diseases also; but the medical faculty generally, who are so persistent in poisoning to prevent small-pox, have hitherto shrunk from the logical consequences of their theory when it is proposed to apply it to other and kindred maladies. This, in itself, is the best possible evidence that they know not what they do; that they are working in the dark; that they have created in the popular mind expectations which they dare not admit their inability to satisfy.

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* The scarcity of cow-pox has frequently led to the use of virus taken from the diseased feet of horses (malanders), also from sheep. It is all called "genuine vaccine."

II.—VACCINATION PROPAGATES A LARGE VARIETY OF OTHER DISEASES MORE DANGEROUS THAN SMALL-POX.

I will first cite the authority of a prominent champion of vaccination, Dr. Hoffert, of Dantzic. In a "Review of the Principal Objections to Vaccination," he regrets that small-pox frequently attacks vaccinated persons, (p. 24;) but parries the effect of this admission by suggesting that small-pox itself occasionally occurs a second time in the same person, (p. 26;) that the increase of the small-pox is the consequence of unskillful vaccination, the use of bad lymph, (p. 31,) a too small number of incisions;

(p. 36,) "but here exists a great diversity of opinion." He acknowledges that *impetigo* has been transferred by vaccination, (p. 42 ;) that scrofula may be developed, (p. 44 ;) that syphilis has been thus transplanted, (p. 45 ;) "that the greatest care will not prevent the possibility of such poisoning by vaccination," (p. 51 ;) and, finally, "now that small-pox has ceased among children, many who would have died of small-pox, die of measles, scarlet-fever, and similar diseases, which have become more malignant," (p. 53.)

An attempt was made in 1853 to pass a law in the British Parliament making vaccination compulsory, with partial success. In 1855, Dr. Simon, who had voted against the law, was commissioned to get the opinion of the highest medical authorities in and out of England on the question and report thereon to Parliament. He addressed 539 physicians, *all supposed by him to approve of vaccination.* Of the 539 answers received, 235 were simply "Yes," or "No," 72 permit vaccination with the genuine Jenner blister only, 16 give vaccination their unconditional approval, 216 offer the following objections to vaccination:

1. It directly endangers life.

2. It nurses and developes latent diseases.

3. Children frequently do not thrive so well after as before vaccination, especially during teething, change of teeth, and puberty.

4. It introduces new diseases into the system of the vaccinated patient.

In spite of this formidable array of authority against vaccination, the English Parliament renewed the law for compulsory vaccination in 1858, by a vote of 101 to 95.

A system of protection, which recommends itself so imperfectly to the judgment of professional observers, after an experience of seventy years, is certainly not worthy of legislative sanction; still less of being imposed upon that half of the community who regard it justly as no better than legalized poisoning.

Dr. Mitchell introduced into Parliament, in the vain effort to arrest the progress of this mad legislation, a protest numerously signed, couched in the following terms:

"We protest against the transplantation of an animal virus, taken from a diseased brute, into the blood of our children; the operation is nauseating, barbarous, and unnatural. It is our opinion, that the purity of the blood is the supreme basis of our well-being; but it is made impure, and becomes the source of diseases, when it is mixed with this beastly poison.

"It is asserted, that the animal virus, when mixed with the pox-poison in the blood, destroys the latter, or that both destroy themselves mutually. We cannot believe this assertion, because it is not only irrational, but because it contradicts all our knowledge of the influence of matter upon matter, when it pretends that, in consequence of the mixture of two corrupt animal substances, the newly gained product becomes pure and innocuous.

"Even if we assume that this new product did possess neither the characteristics of cow-pox nor those of small-pox, it, being another kind of corrupt matter, must necessarily have a corrupting and diseasing influence."

Dr. Hebra, professor of Therapeutics at Vienna, and author of a "Manual on Skin Diseases," enumerates some twelve life endangering, anomalous diseases liable to occur to a person under vaccination. He also, though a champion of vaccination, admits that the small-pox is liable to recur, and that the second attack is very much more dangerous than the first. Notwithstanding he recommends that small-pox be taken by vaccination, he acknowledges that it will often not prevent a recurrence of the disease, and if it does recur, that it is more difficult to treat it than at the first attack.

Professor Bock, in Leipzig, in answer to the question: "Is vaccination advantageous or otherwise?" replied: "I have, in a forty years practice, seen far more evil than good from vaccination, and therefore vaccinated my own children only in their third and fourth year, when they were hearty and strong. But I would never have vaccinated them, but for an indirect compulsory vaccination. It cannot be doubted that a kind of *pyæmia* (poisoning of the blood) is caused by vaccination in the infantile organism, even if the vaccine lymph be taken from perfectly healthy children, or from cows, and it is proved that such a blood poisoning certainly also may have very bad consequences. I would, therefore, never vaccinate a nursing baby in the first months of its life, and far less at the time of its weaning or teething."

Dr. Stowell, for twenty years vaccine physician in

England, says: "The nearly general declaration of my patients, enables me to proclaim that vaccination is not only an illusion, but a curse to humanity. More than ridiculous, it is irrational to say, that any corrupt matter taken from boils and blisters of an organic creature could affect the human body, otherwise than to injure it. First it was asserted that vaccination protected for life. When this proved a failure, revaccination in every seventh year was proposed; but this also failed. Then there was a want of sufficient cow-pox. Well, cows were inoculated with human pox, and the suppurated matter produced by this operation was called pox-lymph, fresh from the cow. This bastard poison is now transferred into human bodies, no matter what man or brute may have been afflicted with; but it is called now-a-days "genuine vaccine." This "pure" lymph is carried from child to child, and spreads a diseased condition, so that hospitals and drug-shops have increased eighty per cent, and continue to do so from day to day. What are 450 physicians of the Blue-Book, while there are in London alone 3000 physicians? I, myself, know more than a hundred physicians who think like me."

Dr. Skelton says: "I have belonged many years to the great army of vaccinators, but cannot take any longer upon myself the responsibility connected with the operation, because vaccine does not only not protect, but it also produces other diseases."

Dr. Epps, twenty-five years director of the Jenner Institute, had vaccinated about 120,000 persons, but finally declared: "The vaccine-virus is a poison. As such, it penetrates all organic systems, and infects them in such a way as to act repressively on the pox. It is neither antidote nor corrigent, nor does it neutralise the small-pox, but only paralyzes the expansive power of a good constitution, so that the disease falls back upon the mucous membranes. Nobody has the right to transplant such a mischievous poison compulsorily into the life of a child."

In England there were in 1841, 58,000 cases of small-pox, and 301,788 of scarlet, measles, cholera, whooping cough; and in 1851, only 38,275 cases of small-pox, but 503,467 of scarlet, measles, &c.; so that, while small-pox had decreased about 20,000, the other acute diseases had increased about 200,000.

III.

Dr. Vilette de Terzé proves, in his *La Vaccine, ses consequenses funestes*, (Paris 1857), that "Typhus, scrofula and tubercles are transformed internal small-pox."

Dr. Pearce said, in a meeting at Northampton on the 22d of May, 1860: "I have, in all regions where vaccination is compulsory, observed an increase of mortality. The general report proves, that whenever smallpox was increasing, other diseases decreased, and whenever the smallpox decreased, other, mostly more fatal diseases increased."

Dr. Perrin, a prominent French physician, says that the influence of vaccination on mortality was proved in 1854, in France. He mentions 114 cases of typhus; of these 76 were vaccinated, and of them 35 died; of the other 38, not vaccinated, only three died. Baron Michel shows in his statistical report of the 25,000 soldiers in Paris (from the hospital Gros Caillou), that the mortality is doubled since vaccination, and that fevers have increased six fold.

Dr. Bayard, in a report to Parliament, calls vaccin ation "a crime against nature. The spreading ot the virus coincides with the predisposition of the human family to boils, putridity, or brute disease. Vaccination only retards the small-pox, but does not extinguish it, and has, at least, doubled the mortality among young people."

Dr. Schlegel, Professor at Altenburg, in Saxony, finds that the number of unfortunates who suffer from affections of the eyes, ears, speech and mind, are infinitely greater now than before vaccination.

Dr. Plagge, in *Sources of Insanity*, observes that the causes of increasing suicide and of insanity are not so much to be searched in social conditions, but in the terrible progress of the corruption of the human fluids.

France had, in the year 1851, 40,970 insane, and 70,066 mentally imbecile individuals. If prominent authors on insanity, such as Kelp, Eulenburg, Erlenmayer, Otto, Berklau, tabulate seventy-one cases of insanity as a direct consequence of vaccination, why should we not have the right to assume that this operation is the most prolific cause of the fearful increase of madness, particularly as the fact cannot otherwise be satisfactorily explained?

One horrible result of vaccination is now established beyond doubt, viz: the transplantation and spreading of syphilis, cancer, scrofula, tubercular disease, &c. Dr. Ricord declared in 1862: "If there should be the fact indisputably established that by vaccination even only in one case syphilis is transferred, vaccination must cease." On the 10th of May, 1863, he exclaimed before the Academy at Paris: "First I rejected the idea that syphilis could be transplanted by vaccination. But facts accumulated more and more, and now I must concede the possibility of the transfer of syphilis by means of vaccine. I do this reluctantly. But I do not hesitate any longer to acknowledge and proclaim the reality of the fact." Prof. Depaul, Director of Vaccine in Paris, reported to the Academy 450 cases of vaccine-syphilis. The before mentioned and latest vaccine-champion, Dr. Hoffert, concedes, "that the vaccinator, with all caution, will not always be able to prevent the syphilitic poisoning," and adds: "I have no doubt that syphilis has been transplanted by vaccination, as long as vaccination is the property of the people."

Dr. Heim, the most prominent vaccinator of Wurtemberg, coolly declares, "that the most expert diagnostician will not always be able to discover dyscracies in vaccine children, and that he himself has transplanted syphilis from a child which seemed to him perfectly healthy." Forty-eight physicians testify in the Blue Book to the same effect.

The vaccinator Borham acknowledges in a letter to Lord Lyttleton, "that the lymph taken from an unhealthy person was a dangerous poison, the effect of which showed itself soon in loathsome eruptions, and laid the foundation of scrofulous and tubercular diseases."

Dr. Copland, in his Dictionary, says, "that it is certain that scrofulous and tubercular diseases have increased since the introduction of cow-pox, and that the vaccine favors particularly the prevalence of various forms of scrofula." Niemeyer, a champion of vaccination, acknowledges, "that cow-pox leaves scrofulous affections behind." Similar testimony is given by Giraudeau de St. Gervais, Hufeland, Hertwig, Most, Grisolle, Canstatt, Bednar, and others, *who count up some thirty more or less dangerous diseases, as direct consequences of vaccination.*

Prof. Hamernick, of Prague, before the Bohemian

Legislature, called "vaccination a disgrace for the medical practice."

Prof. Ennemoser writes about vaccination: "A more infernal mystification the world has never experienced since its existence; the belief in witches can only be compared with it. It is certainly not to be comprehended how a poison in the organism can be extinguished by a similar poison." Prof. Kranichfeld, of Berlin, exclaims: "I, too, have vaccinated my fourteen children at a time when I did not know how injurious it was; to-day I would resist the authorities and the police-law." Prof. Hochstetter, of Esling, declares: "The very Bluc Book, which is quoted as a testimony in favor of vaccination, has created in me the gravest doubts. The Blue Book is for every one who reads it carefully the strongest proof against vacoination."

Dr. Verde de Lisle, an eminent French physician, says: "How is it that in an enlightened century the Academy of Medicine, which is the centre and stimulus of this great question, tries to support a pitiable prejudice, not by solid and uncontrovertible reasons, but pomposity, prizes, medals and admonitions? It is high time for the interest of science and humanity to stop and show how this mad, beastly corruption of the blood has injured our race. It is high time for the Academy to take up this question among its labors, if it would not burden itself with a heavy responsibility for all the misery with which vaccine has already afflicted from three to four generations. It is time to examine whether Jenner and his consorts, in order to have their so-called protective remedy against small-pox adopted, had the dishonest view to deceive the government and public about the real nature of their specific. In case of affirmative answer we will ask the Academy:

"1. Whether, by the transplantation of a skin-disease from an animal to the human being, other affections besides the skin-disease are not transferred?

"2. Whether, in consequence of the transfer of such a skin-disease, the absorbing and resorbing ability of the skin-vessels are not partly destroyed?

"3. Whether, in consequence of this effect, the loathsome eruptive matters, destined by nature to be thrown out of our economy, do not find an insurmountable barrier in the skin, and are therefore compelled to show themselves in the interior in various forms, and whether these obvaccinal disorganizations are not infinitely more serious, and a hundred times more fatal than the natural smallpox, which the vaccine poisoning is to avoid?

"4. Whether the number of these diseases, which have so luxuriantly grown since the introduction of vaccine, are not the effects of vaccination?"

Dr. Mitchell said, in a speech in the lower House of Parliament, "that vaccine has made murder legal. Vaccination did not protect against small-pox, but was followed by blindness and scrofula. Jennerism is the most colossal humbug which the human race has been burdened with by fraud and deceit."

It has been shown by Professor Langenbeck, Lebert and Follin, that not only syphilis, but also cancer can be transplanted; and by Villemin, Cornil, Simon and others, that the same can be done with tubercles.

IV.

When small-pox, as well as other diseases, fasten upon vaccinated patients, they are more malignant and more difficult to treat than when they attack those whose blood has never been thus corrupted.

I have already cited numerous authorities covering this point; I will cite some others.

Dr. C. T. Pearce writes, on the 10th of August, 1867, to Dr. Stowell, and through him to Lord Lyttelton: "Since 1860 I observe, more and more, that the prospects of recovery of fever-patients are far greater with the not vaccinated than with the vaccinated. I have made a terrible experience. The small-pox broke out in the Metropolitan Hospital. Four nurses, three of whom were properly vaccinated, and one not at all, were attacked by the disease. The former three suffered from the most malignant form, and the latter was only very lightly afflicted. A year later the scarlet-fever broke out, the former three died, and the latter, who was never vaccinated, recovered very easily."

Dr. Gregory, for fifty years Director of the Small-pox House in London, published, before his death, in the *Medical Times* of January 27th, 1852, his opinion that the "idea of extinguishing the small-pox by vaccination is as absurd as chimerical; it is as irrational as presumptuous. I am driven to the conclusion that the susceptibility to pox-miasma grows with years in those who are vaccinated, while the opposite is the case with those not vaccinated, whose susceptibility is greatest in childhood." Gregory refused to have his children vaccinated.

It seems to be the decided conviction of many of the experienced vaccinators, whose opinions I have already cited in this paper, that vaccination fastens the pox-poison on to the mucous membrane.

Small-pox eruptions are found in the inner coatings of the body. The intestinal membranes of persons who have died of abdominal typhus are covered with such eruptions, and there exists an intimate connection between this species of typhus and cholera. There is no doubt in my mind that the cholera falsely styled "Asiatic," is one of the consequences of vaccination. There is no reason for calling it Asiatic.

The mere resemblance of certain symptoms of a disease we now have, to a disease which originated thousands of years ago in the valley of the Ganges, from purely local causes, is certainly no reason to assert its importation. Have we not had, for many centuries, the same connection with the East Indies we have now? Why should the year of 1830 be the very precise time when the scourge should have been imported into all civilized and vaccinated countries? The faculty gives frequently very stupid and senseless names; as, for instance, rabies is called Hydrophobia, although the sufferer has really no aversion to water; and to prevent popular prejudices caused by such misnames, Fuchs proposes to call the disease what it is, Dermo-Pneuma-Tetanus. Why not call Asiatic Cholera what it really is, "Intestinal-Pox," caused by vaccination, which, according to above mentioned authorities, acts repressively upon the small-pox, and thus encumbers the inner coating, and predisposes them to the disease?

Dr. Powell, the Health Officer of San Francisco, expressed his astonishment recently at the dreadful ravages and virulent character of the small-pox now a-days. He is dumbfounded at the enormous proportion of deaths to the number of cases, and at the increasing ravages of disease in defiance of the progress of science. Let him follow vaccination in its travels through the blood of the human race, and he will learn the secret of a phenomenon, before which he may well stand appalled.

The fruits of vaccination in England, have recently taken to themselves new terrors. The London Correspondent of the New York *Times* of Dec.

4th, writes: "I fear this letter will seem too full of fault-finding, but there is another subject of very great interest, and which may become so in America as well as in England. We remember something of the ship fever that came to us with the crowds flying from the Irish famine. It was a real famine fever; and such a fever is now increasing in the poorer and more crowded parts of London. It is called the relapsing fever—a form of typhus. It may be carried abroad by emigration, assisted by the government or by parish authorities. The deaths last week, from this and scarlet fever, raised the mortality of the metropolis considerably above the usual rate."

How long will the physicians of London be in discovering that this "famine fever" is another of the blessed results of vaccination?

V.

Longevity has diminished since the introduction of vaccination.

This proposition can scarcely need any farther confirmation than may be found in the facts already cited.

We will quote, however, a few statistics to prove that everywhere the number of men unfit for military service for the last thirty years, has constantly increased. Dr. Munaret, a surgeon in the French army, says, "*Les nombres des impropres au service militaire va en s'accroisant, j'en accepte les chiffres et les deplore.*"

Dr. Poche, of the Bureau of Statistics in Austria, Dr. Wappaeus, Army Surgeon in Prussia, and the Wurtembergian physicians, complain of the same facts. Everywhere the standard measure of the conscripts had to be reduced, and is continually reduced. Dr. Ancelon declares, that the mortality of soldiers is doubled within the last twenty years. He adds: "I have vaccinated for twenty years. You all have, I think, vaccinated with enthusiasm. Why does the lancet now drop from our hands? We blush and are confounded, because we have not yet, after a practice of sixty-five years, solved the preliminary questions: What is vaccine? Can it fulfill what it promised? What are its effects? We really do not yet know anything about what Dr. Lalagade calls 'the divine element of this precious preservative!'"

Dr. Engel, Director of Statistical Bureau in Berlin, states, that the average lifetime has constantly sunk during the last forty years.

Dr. Czoernig, Director of Statistical Bureau in Vienna, declares the same fact, and Dr. Huebner shows that there were in Austria—

1809 to 1828,	to 100	births,	71.9	deaths.
1829 to 1838	“	“	86.6	“
1839 to 1843	“	“	78.3	“
1850 to 1856	“	“	92	“

The “Moniteur,” (13th of July, 1862,) proves, that in twenty-nine departments the population is constantly decreasing, which is confirmed by Legoyt, Director of Statistical Bureau in Paris, and by Noirot. Carnot says: “The mortality of people of 20 to 40 years, from 1841 to 1859, increased from 77 to 154.”

VI.

It will be apparent to the unprejudiced reader, from the facts I have stated, and the authorities I have cited, that vaccination is not worthy of the confidence which it enjoys from the public, nor the support which it receives from the faculty. The time is not far distant when it will experience the fate which overtook its parent delusion, inoculation, which was as much commended in the last century as vaccination in this, but which subsequently, and after a reign of eighty years, fell under the ban of the law.

Already the power of this new despot is beginning to shake. Leading physicians, though not daring to pronounce against vaccination, become daily less and less disposed to undertake its public defense. Anti-vaccination Leagues are forming in all parts of Europe; several European sovereigns have forbidden re-vaccination in their armies; the English Government has recently directed its minister at the Court of Wurtemberg to collect all the proofs developed against vaccination, and to ask Dr. Nittinger, Professor of Pathology at Stuttgart, and the author of a remarkable work entitled, "Fifty Years of Vaccine Poisoning," to prepare a memoir upon the subject, to be laid before the Parliament.

On the 12th of October, 1868, the centennial anniversary of the inoculation of the Empress Catharine, the Russian Medical Council offered a prize of 3,000 roubles for the best treatise on the most proper measures for the prevention of small-pox epidemics, and diminishing their mortality; also on the various methods of vaccination, with a critical examination of their value. Here is their programme:

1. A history of the most important pox-epidemics, and a history of vaccination, with a consideration of the laws of the different governments referring to it, and all the regulations now existing.

2. Present proofs that vaccination is a secure remedy against natural small-pox. Whether it be worth while to consider the assertion made by some physicians, that vaccination favors the spreading of some epidemic diseases.

3. Whether vaccination protects, if at all, for ever, or only for a certain time? What are the conditions of the different degrees of immunity from the pox contagion? With a critical examination of vaccinated persons who were attacked and died of small-pox.

4. What is the normal course of the vaccine pustule, and what the abnormal, with proofs of the existence of a protective infection of the organism? Morphological and other analyses of the vaccine-lymph, which show the infecting matter in it.

5. Can vaccination transplant into the organism other disease germs, and which?

6. A critical examination of all the modes of vaccination before and after Jenner, up to the present day, (including Equination and Ovination.) It is desirable that the conclusions of the authors be founded upon their own experimental observation.

7. In what manner can the lymph be best collected and preserved? What is the duration of its efficacy and the best manner of sending it to remote regions. Technics and Hygiene of vaccination.

8. What are the best means of diffusing vaccination?

9. What evidence is there of the utility of compulsory vaccination and re-vaccination?

10. Of the erection of vaccine-institutes, as sources of good lymph and means of spreading vaccination.

It is certainly a remarkable circumstance that so much money and glory as would reward the successful competitor should not yet have tempted any of the vast army of vaccinators to come forward and give to the Russian Medical Council and the world their reasons for the faith which is in them. If vaccination proves in their practice what Jenner and his disciples claim it to be, it should be an easy matter to answer the important question submitted by the

Russian Council, and receive the 3000 roubles as well as the decorations from the Emperor Alexander, which unquestionably await the successful respondent.

Vaccination would long since have gone to the limbo reserved for the innumerable medical quackeries which succeed each other in the world, but for the terrors with which ignorance and an almost insane mode of treating the small-pox had invested that disease. People say that anything which diminishes the risk of taking such a malady is a mercy, and they have been persuaded that vaccination does that at least, never thinking of the more serious diseases which replace it. The small-pox derived the larger part of its horrors in the last century from the frequent bleeding, exhausting heat, and stifling fumigations with which it was treated by the physicians. It is by no means a difficult disease to cure, and I marvel that the medical faculty does not spend more time in searching for a proper hygiene system for the treatment of the small-pox, and less in poisoning the blood of the human family in the absurd attempt to prevent its attacks.

Why is it that such authorities as Currie and Bateman, so readily obeyed in other matters, are not also respected when they enthusiastically praise cold water as the only safe remedial agent in this class of diseases. Bateman, in his work entitled "A Practical Synopsis of Cutaneous Diseases," remarks: "After the extensive evidence, which a period of more than twenty years has furnished, in proof of the uniform efficacy and security of the external use of cold water in scarlatina, and in other febrile diseases connected *with high morbid heat of the skin*, it is to be lamented that *some practitioners still look upon the practice as an experiment*; *and repeat the remnants of exploded hypotheses*, about repelling morbid matter, stopping pores, etc., as reasons for resisting the testimony of some of the greatest ornaments of the medical profession. For my own part, I have been in the constant habit of resorting to the practice at every opportunity in scarlatina, (and in other fevers during my superintendence of the Fever Institute for the last ten years,) attending to the simple rules laid down by Dr. Currie, and I have *never* witnessed any inconvenience, much less any injury from it, *but an uniformity in its beneficial operation, of which no other physical expedient with which I am acquainted af-*

ffords an example." To this, Professor Bock adds, "that any rational treatment of all dyscrasias must look *to supporting properly the metamorphosis and removing troublesome symptoms.*" "Far more patients are restored and quicker strengthened by proper dietetic means than by any drug-medication and stimulation. But a proper dietetic treatment for acute diseases consists in a mild, mostly fluid food; in keeping the air, day and night, fresh and pure; in most scrupulous cleanliness of clothes, bed, and person; in preventing all excitement; in proper attention to the excretions through the skin by baths; the urinary by the catheter, and the bowels by enemas."

The regular course of small-pox runs through four stages: 1st, *that of the infection;* 2d, *that of the eruption;* 3d, *that of the suppuration*, three days, and 4th, *that of the desquamation.* The whole disease runs from fifteen to sixteen days. With desquamation often appear critical diarrhœas, frequent urine with a puslike sediment, and sometimes salivation. All this proves that the properly managed small-pox is one of the most thoroughly cleansing efforts of nature, and really a health-giving disease, and as such should be treated. The character of the epidemic itself, and the difference in individual constitutions, begets, of course, many anomalies in its manifestations. But the general treatment which under all circumstances I have found perfectly successful, is briefly the following:

As soon as there is the slightest suspicion of the possibility of infection, I rub with wet hands the upper part of the back, thoroughly and repeatedly, in order to so irritate the skin there that the face shall remain free of the eruptions, the virus in the blood always depositing itself by a happy arrangement of Providence, where there is the greatest amount of life and irritation.

The room of the patient must be kept cool, not above 60° Far., and the fever kept within the limits of ordinary eliminative activity by repeated washings with water of 75°. In case the heat is not to be confined by these means, and delirium ensues, we can resort to half-baths of 75°, in which the sufferer remains till he is calmed down, but he must not be chilled; where half-baths are not available, we use wet sheet-packs, repeated according to necessity. If the fever is very violent, we pour water of about 65° F. over the head and shoulders in a half-bath of

70° F.; should the patient be chilly, we must not increase the warmth of the room, but merely cover him more thickly. For drink, we give him only water and a little milk. His food is to consist of light soups, fruit and compots. The bowels are to be kept in order by enemas of 65° F. If the mouth, throat and stomach should be invaded by the eruptions, we apply the usual wet compress to these parts. The irritation of the brain we counteract by packing feet and legs, and giving frequent small enemas of 65°.

The timely rubbing of the back of the neck and between the shoulders with wet hands will prevent the more violent breaking out of the eruptions in the face, which is kept cool by washing with water of 70° F. Larger pustules are soothed by covering them with fine linen kept moist with milk; cream subdues the itching.

Treated in this manner, the small-pox is a blessing, because it frees the body of an immense amount of diseased matters and leaves not a mark behind.

If the medical faculty would emancipate themselves from the blind servitude to drugs, which rarely does more than transpose disease to a less safe place than nature had selected for it, and if they would take the trouble which this treatment requires—for a proper treatment of the small-pox by this process cannot be disposed of by an order made once or twice a day upon an apothecary's shop—they would soon find that small-pox, instead of being regarded as one of our greatest social terrors, would be treated as a providential means of purifying and perfecting our race. They would denounce vaccination with justice, as inoculation was denounced before it, as an interference with the operations of Providence for our good, and would fix the same penalty upon its administrators as is now imposed upon the administration of any other destructive poison.

I close this appeal from drugging to common-sense with the declaration that I am perfectly willing to answer any objections to the contents of the preceding pages, if they are brought forth in a gentlemanly and scientific manner.

Dr. SCHIEFERDECKER.

Water-Cure Institute,
313 West Twenty-second St., New York.

The following pages contain an additional quotation from Dr. Nittinger's work, which seems proper as an appendix to this pamphlet.

Dr. Nittinger exclaims, in a work on "The Evils of Vaccination":

"How rapidly does the scourge progress! The terrible ominous commotion begins already the first, fourth, seventh and ninth day after the vaccination; many, many children fall its victims; and again, others are more fortunate, but mostly some misery remains. The mucous membranes, particularly those of the organs of the senses and generation, (in adults,) attest the sufferings and dangers originating in the inoculated kine-pox poison—ophthalmia, otorrhœa, fluor albus, prurigo, etc.

"What a sea of tears, what an unbounded field of misery lies behind us! Let us add to this the dead, the invalids, the infirm, that come forth out of these struggles! The field on which the battle was so fiercely fought is before us, disordered, ruined, weakened, devastated; it is the extensive *field of digestion and breathing*—the basis, the root of life. Not enough that these terrible traces are re-produced year after year, but the poisoning goes on again and again, and poison is heaped into the already poisoned body. And this is the reason why the affections of the mucous membranes, which were formerly only one-half of all diseases, have now increased to five-sixths of their number. Thou miserable abdomen! thou miserable chest! Is Pandora's box not yet empty?*

"Gone is all faith in the doctrine of 'not the least injury.' Nothing has gained but the history of errors and fallacies; its pages show innumerable new experiments. The people have acquired by this vaccination—

"1. A glorious degree of sickly sensitiveness of the stomach and intestinal canal, accompanied by open and hidden disturbances in the whole digestive apparatus, viz: diarrhœa, dyspepsia, phthisis dyspeptica, liver and spleen suffering, never known before.

"2. An entirely new disease (since 1806) which domesticates itself every year more firmly, *the typhus*, which is a mucous fever with ulcerations and pox-eruptions in the abdominal viscera.

"3. The daily more frequent appearance of a new children-disease, which Millar observed and presented (1755) as the first fruit of inoculation in England—the asthma Millari.

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* Answer:—Not as long as the box of Pandora is the vaccinating case of instruments.

"4. The poor children have gained, or rather regained, in immensely more malignant form, (since 1806,) the long-before forgotten inflammation of the wind-pipe—croup. As formerly in England nature revolted (1738) against the inoculation of the human small-pox matter and tried valiantly to remove the poison by means of catarrhal gangrenous angina in the throat; as children for nearly forty years suffered the tortures of horrible strangulation-difficulties, and many thousands of them wretchedly perished; so appears now here and everywhere, where vaccination is introduced, the croup—somewhat milder, because the kine-pox is somewhat milder—and tortures, frightens, sickens, and kills (already some forty years) the innocent victims.

"5. The whooping cough has gained in strength and extent immensely.

"6. The human family in general has acquired a monstrous increase in consumptive and hectic diseases, which mostly originate in the digestive apparatus, (phthisis dyspeptica.)

"7. An entirely new disease, softening of the stomach (v. Jaeger and Camerer) has been added since 1811–1813 to our already immensely large catalogue of destructive diseases.

"8. Our young women have gained since 1822 a generality of chlorosis and fluor albus, of which we did not dream before.

"9. The whole human family have been enriched by the acquisition of the Bengalian poison-snake—hydrophis; the tropical wild-pox poison, the cholera, which now has established itself among us thoroughly and habitually.

"10. Our generation has, besides all this, gained a far greater susceptibility for the small-pox poison, which will ravage in the above-mentioned diseased forms of the mucous membranes in the interior of the organism, till the feeding of the poison by vaccination, ordered even by laws, sanctioned by the usage, and held up by the faculty, is forbidden under severe penalty. Then only will nature be able to recover all her own; and then will the external small-pox reappear as a redeeming means for the internal destruction."

A SNUB FOR THE PHYSICAL SCIENCES.

[From the Correspondent of the N. Y. World.]

THE acquittal of Mrs. Wharton is a conviction of several persons and things; among others the physical sciences.

For twenty years or so plain people who went to church and voted straight tickets once a piece have been girded at by other people who went in for the physical sciences. Here, said the other people, is absolute certainty—here is what you can count and weigh and measure and be sure of, and you can't be sure of anything else. Why go to church when you can get a regular hypothesis, or take an interest in politics when there is a glacial theory lying about loose to devote yourself to? I understand there has been an attempt made to get a physical basis of religion, and somebody has lately tried to show that there is balm for a wounded spirit in the attraction of gravitation.

It is not pleasant to have the physical sciences thrown in your faces like this. And the worst of it is that the people who didn't profess to know about the physical sciences had a dim notion that the people who did, didn't know much about them either, and that the man on the platform with the Leyden jar, which he brought sparks out of, wasn't so very different from the Great American Sword Swallower. And now in this Wharton trial the conservatives have their revenge.

For Law is the most conservative of all sciences and the most disgusting to the scientific mind, except theology. And chemistry is the flower of the physical sciences. The lawyers have turned the chemists inside out, and proved to the satisfaction of the jury that the eminent scientific men couldn't tell whether a man died of antimony in his stomach or meningitis in his cerebro-spinal region.

—A London physician, rendered suspicious by numerous failures in vaccination, subjected some of the prepared quills which he had purchased at a respectable druggist's to careful microscopic examination, and found that instead of vaccine virus on the quills, there was only a little starch, with traces of saliva.

Remedy for Small-Pox.

A health journal says that by burning an ounce of sulphur in the cellar a house may be disinfected entirely of small-pox malaria. The recipe is simple and cheap enough to justify a trial of it in every household where the disease prevails, and even where it does not.

To be Taken for What it is Worth.

A writer in the Stockton (Cal.) *Herald* sends the following prescription, supported by the assertions of several persons who have tried it, as a certain cure for the smallpox. The writer says:

"I herewith append a recipe which has been used to my knowledge in hundreds of cases. It will prevent or cure the smallpox, though the pittings are filling. When Jenner discovered cowpox in England the world of science hurled an avalanche of fame upon his head; when the most scientific school of medicine in the world—that of Paris—published this panacea for the smallpox it passed unheeded. It is as unfailing as fate, and conquers in every instance. It is harmless when taken by a well person. It will also cure scarlet fever; here it is as I have used it to cure smallpox—when learned physicians said the patient must die, it cured: Sulphate of zinc, one grain; foxglove (digitalis), one grain; half a teaspoonful of water; when thoroughly mixed, add four ounces of water. Take a spoonful every hour. Either disease will disappear in twelve hours. For a child, smaller doses, according to age."

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IMPURE VACCINE MATTER.

Evil Results of its Use in Michigan—An Entire Community Made Ill.

From the Green Bay (Mich.) Gazette, Feb. 19.

We get the particulars, from an authentic source, of a distressing state of affairs existing in the town of Hartland, Shawano County, manifestly resulting from vaccination, although the precise and direct agencies which contributed to it are not as yet known. Small-pox having slightly prevailed in the county, the Town Board of Hartland resolved to have vaccination thoroughly performed within their borders, and accordingly made a stipulation with a well-known physician of Shawano to do the work. He visited the town last Wednesday, and between the hours of 10 o'clock in the morning and 4 o'clock in the afternoon, vaccinated 117 persons, old and young. Of this entire number, within six hours after each patient was vaccinated he was taken sick, exhibiting symptoms of having been poisoned. By the next morning three had died; two children of one family being among the victims. Very naturally great consternation seized upon the community and fear added still greater danger to the situation of the unfortunate people. Messengers were dispatched to this city for medical aid, and on Friday, Drs. C. E. CRANE and RHODE went to the scene.

By the time they arrived there the sick people had all begun to improve, and apparently needed little else than stimulants to entirely recover. As near as can be described, the arms of the patients presented an appearance similar to the results of a snake-bite, and the symptoms were those of persons recovering from an overdose of morphine. Great care was taken to ascertain the origin of the vaccine matter used, and it appeared that it was taken from the arms of perfectly healthy children, dissolved, as the physician insists, in glycerine, and inserted in the arm by means of a patent spring instrument.

N. Y. Times Feb 24
1872

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ITS FALLACIES AND EVILS.

BY

ROBERT A. GUNN, M.D.

THIRD EDITION,
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VACCINATION.

ITS FALLACIES AND EVILS.

All fallacies classified as science must crumble before investigation. Such has been the fate of all the pretentious theories of earlier medicine, and such is the predestined end of the delusive hypotheses upon which are based many of the medical dogmas of to-day.

Of these dogmas I believe the practice known as *vaccination* to be most absurd, and most pernicious. I do not believe that a single person has ever been protected from small-pox by it; while I know that many serious bodily evils and even deaths have resulted from its employment.

Although I had often seen bad results following vaccination, like the majority of the profession, I never questioned the authority of the books regarding its prophylactic power against small-pox till my attention was specially directed to the subject, in 1872. A severe epidemic of small-pox prevailed in New York, during that year, notwithstanding the fact that the health authorities had claimed the year previous, that the city was thoroughly protected by vaccination. The various medical societies appointed committees to enquire into the causes of the epidemic and why vaccination had failed to prevent it. I was appointed a member of such a committee from a medical society to which I belonged, and then, for the first time, I began a careful study of the subjuct of vaccination. I commenced with Jenner's own writings and carefully followed the history of the subject as prepared by himself and his disciples, and before I got through I was forced to the conclusion that vaccination was the most stupendous fallacy that had ever been fostered by the medical profession. Since then, facts and figures have accumulated, in my hands, to such an extent as to compel me to abandon the practice of vaccination and to come out squarely in opposition to it.

In my knowledge of this subject prior to 1872, I do not think I was an exception to the majority of the profession. All our medical text-books assert that vaccination is prophylactic against small-pox. In proof of this, they refer to the great ravages of the disease prior to the discovery (?) of Jenner, and its decrease since that time. The professors in our medical colleges instruct the students in the same way, and when they, in turn, are asked for an opinion, the universal answer is, "certainly, vaccination is a sure preventive against small-pox." Few physicians attempt to investigate the subject further. They have been taught to believe in vaccination, and it is unpardonable heresy to dispute its efficacy. Those who are opposed to it are denounced as ignorant, while in reality they are the only ones who are fully informed on the subject; and the time is not distant when the public will become so enlightened regarding this fallacy, that the vaccinator's lancet will be left to rust beside its twin monstrosity, the blood-letter's lancet.

Many believe in the value of vaccination because the medical profession generally recommend it. To such I would say, that twenty years ago the entire medical profession believed that blood-letting afforded the only relief in all kinds of fever, and that a drink of water given to a fever patient was certain death. A few reformers denounced this barbarous practice and some of them lived to see its complete overthrow, while the "leading minds in the profession" fought for it to the last. The leaders of the abolition movement in America were regarded as lunatics and some of them narrowly escaped death at the hands of the mob, but they lived to see their principles triumph and themselves honored by the whole civilized world. Thus it has ever been with every effort at reform—with every struggle of truth against error—and so it will be in this opposition of organized medical despotism to the enlightenment of the people regarding the monstrous and barbarous practice of vaccination.

Every intelligent person who takes the time to investigate this subject, will find abundant evidence in the published writings and public records of the advocates of vaccination, to prove its utter worthlessness, without reading a line of anti-vaccination literature. And if we could add to this all the suppressed facts, we would have a mass of evidence before which no vaccinator would dare to hold up his head.

With the view of presenting the subject in its proper light we shall consider: 1st. The History of Small-pox. 2d. The History of Vaccination; and 3d. The Evils of Vaccination.

HISTORY OF SMALL-POX.

There is a great diversity of opinion among medical writers regarding the antiquity of small-pox. Some assert that it was one of the plagues that so often devastated the oriental nations of antiquity. Others affirm that it prevailed in China and Hindoostan, a thousand years before the Christian era, but that it was confined to very narrow limits, for centuries, till it finally spread into Europe, about the beginning of the eighth century. Certain it is, however, that we have no description of any disease having the characteristics of small-pox till the latter half of the sixth century, when it is described as breaking out in Arabia, A. D. 571—the year in which Mahomet was born. It was widely disseminated by the wars and expeditions of the Arabs, and is believed to have entered Europe at the time of the overthrow of the Gothic monarchy in Spain, by the Moors. Whatever its source or time of appearance it extended over Europe with fearful rapidity; and the loathsomeness of its nature and the terrible havoc to life attending it, filled the minds of the people with the greatest dread.

It is characteristically a contagious disease, and cannot be communicated except by actual contact with the person or the effluvia arising from the excretions of the afflicted, or with the clothing impregnated with the virus from the pustules. This fact was early recognized; and its spread into different countries was always supposed to be traceable to direct importation. On this point Sir Thomas Watson, in his *Practice*, says: "While almost all men are prone to take the disorder, large portions of the world have remained for centuries entirely exempt from it, until at length it was imported: and that then it infallibly diffused and established itself in those parts."

Small-pox was unknown in the New World before the discovery by Columbus; but it was carried into St. Domingo in 1517. Three years later a negro, covered with pustules, was landed on the Mexican coast, and from him the disease spread so that in a short time, it is said, three millions and a half of people perished from it in Mexico alone. The absurdity of this claim of the vaccinators is too apparent to demand any attempt at contradiction. The population of Mexico in 1876, was 10,000,000. It certainly could not have been 3,000,000 in all, in 1520; and even so, what means could have been employed at that time, to ascertain the number of deaths from small-pox. The disease was carried to Iceland in 1707, and to Greenland in 1733. Wherever it went devastation followed in its train; and so great was the popular dread that the people were willing to adopt any means that offered the slightest immunity against its ravages.

An examination of the statistics of small-pox proves that its greatest ravages occurred at the time when the commercial communications of the various nations began to be more general, and that the first ravages of the disease were greater than any subsequent ones. It would appear as an epidemic in various quarters of the globe and at various times, but it rarely proved as fatal as the first visitation. This was, no doubt, due to the fact that fear kept people from exposing themselves, and led to the practice of isolating the victims during the entire continuance of the disease.

As early as 1713, an English physician who had settled in Constantinople, wrote to a practitioner in London, concerning a new process, which was claimed to be successfully employed as a preventive against the ravages of small-pox. This process consisted in taking the virus of the small-pox and introducing it into a slight puncture in the skin, thus producing the disease, it was claimed, in a milder form. This practice was called *inoculation*, and was introduced into England by Lady Mary Wortley Montague, wife of the British Ambassador at the Ottoman Court. She had her own children inoculated, and was so zealous in her work, that by the middle of the century, (1750,) the practice had been extensively adopted in England, and had spread to various countries of Europe, and even to America. Its advocates claimed that the ravages of small-pox were thus greatly diminished, and the profession and public, alike, worked zealously to promulgate the practice. After vaccination was introduced, it was ascertained that inoculation added greatly to the number of small-pox cases, and that the mortality was not diminished, but rather increased. Stringent laws were then passed, in different countries, making the practice of inoculation a crime.

HISTORY OF VACCINATION.

In 1798, Edward Jenner, of Gloucestershire, England, called public attention to his discovery, that the virus of cow-pox introduced into the human body, was a prophylactic against small-pox. His attention had been directed to the subject several years previous, by hearing a milk-maid say that she could not take small-pox because she had had cow-pox. On examination, he ascertained that cows were often affected with a pustular eruption on the udder, and that the persons milking them were frequently affected by similar eruptions on their hands ; and the popular belief was, that persons thus affected were not susceptible to small-pox. He soon began to experiment, by inoculating persons with the lymph from the cow-pox pustules, and as these persons did not havo small-pox afterward, he thought he had proved the truth of the popular belief in the prophylactic power of the cow-pox. In order to convince those who doubted the value of this pretended discovery, he experimented, by inoculating with small-pox virus, those he had previously inoculated with cow-pox virus. Some of the persons thus experimented on did not have the small-pox, but unfortunately for his discovery, others fell victims to his experiments. He then *discovered(?)* that there were two kinds of eruptions met with on the udder of the cow, one of which was spurious cow-pox, and not protective against small-pox. The spurious was a spontaneous eruption, peculiar to the cow, while the genuine was produced by contagion from the *grease* in the horse. This *grease*, passing through the cow, and then inoculated into the human body, Jenner declared, as early as 1798, to be a preventive of small-pox "*for life.*" This is Jenner's *wonderful discovery*, which has since been known as vaccination.

On this subject, Jenner writes, as follows: "In this dairy country, (Gloucestershire,) a great number of cows is kept, and the office of milking is performed, indiscriminately, by men and maid servants. One of the former having applied dressings to the heels of a horse affected with the *grease*, incautionsly milked the cows, with some particles of the infectious matter adhering to his fingers. The disease thus communicated to the cows, and from the cows to the dairymaids, spread through the farm until most of the domestics and the cattle feel its unpleasant consequences. This disease has obtained the name of cow-pox." In describing the disorder thus contracted, he further says; "Inflamed spots begin to appear on the hands, sometimes on the wrists, which quickly run on to suppuration. Absorption takes place and tumors appear in each axilla. The system becomes affected, the pulse is quickened, and shivering, with general lassitude, and pains about the loins and limbs, with vomiting, come on. The head is painful and the patient is every now and then affected with delirium. These symptoms generally continue from one day to three or four, leaving ulcerated sores about the hands, which commonly heal slowly, frequently becoming phagedenic, like those from whence they sprung. The lips, eyelids, nostrils, and other parts of the body are sometimes affected with sores. No eruptions on the skin have followed the decline of the feverish symptoms in any instance that has come under my inspection, one only excepted. Thus the disease makes its progress from the horse to the nipple of the cow, and from the cow to the human subject. * * * * What renders the cow-pox virus so extremely singular is, that the person who has thus been affected is *for ever after secure from the infection of the small-pox.*"

Of the pustular sores that appear spontaneously on the nipples of cows, he says: "This disease is not to be considered as similar in any respect to that of which I am treating, as it is incapable of producing any specific effect on the human constitution." Both of these points are reiterated again and again in his writings, so there can be no misunderstanding the source from which he derived his virus for what he called *effective* vaccination.

After he had settled this point satisfactorily to himself, reports came to him that even persons affected with the true cow-pox had not been protected from small-pox. He then made the assertion, that it was only in a certain state of the pustule that virus was afforded capable of imparting to the constitution its protecting power; and that matter, taken after this period, might excite a local disease, but not of such a sort as to render the individual proof against the effects of variolus contagion. Then, he pretended, that if kept a few days, the virus underwent decomposition, and was thus rendered incapable of affording protection against small-pox. Thus, as the Arabian prophet had new revelations to meet every unexpected exigency, so Jenner advanced a new theory every time that vaccination was shown to be a failure.

For a time Jenner's discovery was bitterly opposed by the profession; and even some of those who adopted it, claimed that inoculation directly from the *grease* of the horse, into the human body, was as protective as that which passed through the cow. Then came the claim that the virus taken from the person inoculated with the cow-pox could be used to protect other persons; and, as the symptoms thus produced were less severe than direct inoculation from the cow, this method of vaccination soon became the prevailing one. At first, however, it was considered necessary to have recourse to the cow for a fresh supply of virus, every few years; but even this was soon regarded as unnecessary, and so the practice of vaccination from arm to arm was almost universally relied upon as a preventive of small-pox, for half a century.

From England, vaccination was introduced into the various countries of Europe, crossed the Atlantic to America, and even found its way to the jungles of Asia and to the barbarous tribes of Africa.

The movement took hold of the popular mind, and the medical profession accepted it on the same principle that they discontinued blood-letting. Then compulsory vaccination laws were passed in many of the countries of Europe and the practice has come down to us as "*the grandest discovery of modern times.*"

At first, all agreed with Jenner, that one vaccination protected a person for life, against small-pox; this, however, was soon found to be untrue. Then, one thorough vaccination in infancy and one after puberty, were deemed necessary. This also proved a delusion. Its advocates next advised the practice to be repeated at maturity. Then it was thought necessary that it should be repeated every seven years; and now, to insure perfect immunity, it is claimed, that every one should be vaccinated every two or three years.

This is the position occupied by most of the profession at the present day, although even here there is a marked difference of opinion among the so-called best authorities.

In the *London Lancet* of March 24, 1877, the editor writes as follows: "After successful vaccination in infancy, re-vaccination is needed only once. The second operation should, if practicable, be performed at the age of puberty, or, there being immediate danger of small-pox, at the age of twelve. Re-vaccination at an earlier age is futile. Repeated re-vaccinations are foolish. Re-vaccination, when successful is needed once only."

As the question now stands, it is impossible to ascertain what constitutes effective vaccination. In every country where it is practiced, the profession are divided respecting the merits of humanized and bovine virus. One party claims that vaccination from arm to arm is more certain, while it can do no harm. The other contends that it does not protect, and that numerous diseases are communicated thereby, while they claim that the bovine virus is certain and harmless. The bovine virus, that is thus advocated, has been obtained by inoculation from the spontaneous cow-pox, and Jenner declared that this would not protect against small-pox. Again, some have advocated the inoculation of a cow with small-pox virus, to obtain a supply of vaccine virus, while others claim that this only spreads the small-pox.

The truth is, that no two physicians agree as to what constitutes effective vaccination. Some still agree with Jenner, that one vaccination is sufficient; others take sides with the *Lancet*, and believe that only one re-vaccination is necessary. Some say we must vaccinate every seven years, while others still, affirm that we must be vaccinated every two or three years to be perfectly protected against small-pox..

Whatever way we look at the question, it is certain that none of the methods now employed correspond with the discovery of Jenner; and the time is not far distant, when all will be rejected.

Had Jenner been a conscientious searcher after truth, he never would have asserted, six years after he commenced his investigations, that the vaccine disease "for ever after secured against the infection of small-pox." Had he been a real scientist he would never have invented new theories to account for every failure in the results of his investigations, at least, till a sufficient number of years had elapsed to prove the general truth of his assertion. Had he discovered any actual scientific truth, it would have come down to us precisely as he gave it to the public in 1798.

Physiology teaches us that all poisons are either eliminated from the body, or so interfere with the functions and tissues as to produce disease or death. When zymatic poisons, such as those of small-pox, scarlet fever, measles, etc., are introduced into the system, the normal functions are interfered with, and thus we have a condition that is called disease. A conflict goes on between the vital forces and the poison, and one or the other must succumb. If the vitality of the patient is sufficiently strong, or in other words, if the patient is healthy and robust, the poison is eliminated, and the body is left with its component parts in the same conditions as before its introduction. If, on the other hand, there is not sufficient vitality, the poison gains the ascendency and the patient dies. Poisons such as syphilitic may remain in the system for a long time, but when they do, they manifest themselves by abnormal conditions of the various tissues, which result from the efforts of nature to throw off the morbid influence.

Persons who are exposed to the contagion of small-pox, when in a debilitated condition are liable to take the disease, while those who are strong and robust may escape entirely, or have it lightly ; and the same is true of all other diseases. When a specific virus is introduced into the body by inoculation, it is more apt to affect the system ; but even here some escape infection altogether, others are slightly affected, while some suffer severely in consequence. Those who recover throw off the poison entirely, and may be similarly affected at any time afterwards, provided they are exposed to the infection while in a debilitated condition. This fact has been so often demonstrated by persons having scarlet fever, measles, cholera, diphtheria and small-pox, two and three times, that its truth cannot be questioned. Now what is true of these diseases must also be true of the vaccine disease, and it is for the same reason that vaccination may be repeatedly performed on the same person, and be found to take each time. Then I ask, is it reasonable to suppose that vaccination can protect against small-pox, when it cannot protect against itself, and when one attack of small-pox cannot protect against another. The very first person Jenner vaccinated and pronounced safe "for life" against small-pox, afterwards took the disease and died from it, and ever since that, the history of the subject proves that such results are so frequent, that the value of vaccination as a prophylactic against small-pox is completely disproved.

But we are told, that vaccination has arrested the fearful ravages of small-pox, and reduced its mortality to almost nothing. We have been told over and over again that small-pox had been stamped out in different localities, by efficient vaccination; and after it had again appeared the cry came, "the people are not half vaccinated."

Now what is the truth of this matter? It is simply this—that the first visitations of all epidemics are more fatal than subsequent ones.

The plagues that formerly devasted the Eastern world were less and less severe with each visitation, till now they have entirely disappeared. Those that swept over Europe up to the beginning of the eighteenth century also became less fatal with each return, till now they are unknown. Cholera, which, at one time, carried panic and death to almost every door, can now hardly gain a foothold in any civilized country. And small-pox, too, had gradually become less prevalent, and less fatal, till in Jenner's time it appeared in a very mild form and attended with but little mortality. To what can we attribute the decline of these diseases? I suppose, had Jenner pretended that vaccination was prophylactic against all, it would be so asserted to-day; but this change occurred in some of them before Jenner's time, and he cannot even claim the diminution of small-pox as depending on a discovery that had not then been promulgated. No! the only pretense that can be advanced to account for this decreased mortality, is that civilization brought knowledge of hygienic and quarantine advantages; and as these measures were adopted the diseases declined.

In 1864, a report was published in England, in which tables were compiled to prove the value of vaccination. They commenced with the year 1838, which was before the compulsory vaccination laws were passed, and ended in 1861. The unfairness of their figures becomes apparent when it is known that small-pox prevailed more in 1838 than any time during the century, and then no returns are given for the years 1843–44–45–46, because epidemics prevailed and the deaths had increased in those years. The following is a summary of the table:

For the years 1838, '39 and '40, before the compulsory vaccination act was passed, the annual average death-rate was claimed to be 11,944. From 1841 to 1853, vaccination was provided gratuitously but was not obligatory, and the average annual death-rate was 5,221, not including the epidemics of 1843 to '46, which are omitted from the reports. From 1854 to '61, inclusive, vaccination was obligatory, and the annual average death-rate was 3,240. Here they stopped and claimed for vaccination the difference in the annual death-rate, between 11,944, and 3,240. In the last year included in their table the number of deaths was 1,320. In 1862, which is omitted from the table, it was 1,628; in 1863, 5,964; in 1864, 7,684; and in 1865, 6,411; and again in 1871, the deaths were 7,876 in London alone. Now if vaccination reduced the death-rate from 16,268 in 1838, to 1,320 in 1861, what increased the death-rate so much in the four succeeding years, and in 1871?

The facts in regard to the stamping out of small-pox in England, as reported by the Registrar-General, are summarized as follows:

Vaccination was made compulsory by act of Parliament in the year 1853; again in 1867, and still more stringent in 1871. Since 1853, we have had three epidemics of small-pox, each being more severe than the one preceding.

	Date.	Death from Small-pox.
1st.	1857–58–59	14,244
2d.	1863–64–65	20,059
3d.	1870–71–72	44,840

Increase of population from 1st to 2d epidemic	7 per cent.
Increase of small-pox in the same period, nearly	50 per cent.
Increase of population from 2d to 3d epidemic	10 per cent.
Increase of small-pox in the same period	120 per cent.

Deaths from small-pox in the first ten years after the enforcement of vaccination, 1854 to 1863	33,515
In the second ten years, 1864 to 1873	70,458

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The Registrar-General in his *Annual Summary* for the year 1880, tabulates the small-pox mortality of London for the last forty years as follows:

Decades.	Estimated Mean Population.	Small-pox Deaths.
1841–50	2,103,487	8,416
1851–60	2,270,489	7,150
1861–70	3,018,193	8,347
1871–80	3,466,486	15,543

In addition to these facts, the same returns show that for the year ending December 31, 1881, 2,371 persons died in London of small-pox.

Again, a careful examination of all returns of small-pox shows that the highest mortality in any one year, in London, in the last century, was 3,992; while the total deaths from this disease during the first twenty years of the present century, was 20,462, or an annual average of 1,023, when neither inoculation or vaccination was practiced to any extent. From the passage of the registration act in 1838, to 1853, when the Compulsory Vaccination Act was passed, the official returns of the Registrar-General show the total number of small-pox deaths to be 16,521, which makes an annual average ef 1,032. For the twenty-four years of compulsory vaccination ending with 1877, the annual average death-rate was 1,092. Again, for the decade ending with 1880, and with 93 per cent. of the population protected(?) by vaccination, the average annual death-rate increased to 1,554; while during the year 1881, it was further increased to 2,371.

In Sweden from 1775 to 1792, without vaccination the deaths from small-pox per million inhabitants ranged from 300 to 900 per year. From 1802 to 1810, with from two to forty persons in every thousand vaccinated, the deaths per million inhabitants per year, were successively, 600; 600; 600; 450; 600; 850; 750; 1,000; 300.

The following table shows the ratio of the subsequent years:

Year.	Vaccinated per 1,000 Inhabitants.	Deaths per Million Inhabitants.
1825	250	400
1839	590	575
1851	735	700
1874	970	960

In the face of these figures, is it not absurd to claim that vaccination has stamped out small-pox in England and Sweden.

The same result is demonstrated by the official returns of Prussia, as shown in the following table:

Year.	No. of Persons Unvaccinated in every 100,000.	Deaths from Small-pox to every 100,000 inhabitants.
1820	68,000	10
1831	48,000	12
1841	33,000	14
1850	22,000	16
1860	15,000	19
1871	12,000	243
1872	12,000	260

In the great small-pox epidemic of 1870–72, at Cologne, 2,400 persons took the disease, of which 2,351 were vaccinated and the majority re-vaccinated, while only 49 were unvaccinated. At that time the population of Cologne was 125,000, of which 8,000 were unvaccinated. This gave one case of small-pox to 53 vaccinated person's, while there was only one case to every 161 of the unvaccinated.

Valuable statistics have also been collected from hospital reports, which further demonstrate the fallacy of vaccination. From 1700 to 1779, there were collected from hospital reports, 24,994 cases of small-pox, of which 4,707, or 18.83 per cent. died. From 1836 to 1880, of 48,248 hospital cases, 8,926, or 18½ per cent. died. Of the first, none were vaccinated, while of the latter, 34,423 were reported as protected(?) by vaccination.

VACCINATORS FALSIFY STATISTICS.

The statistics above quoted are at variance with many of those presented by the advocates of vaccination, who have persistently kept up a system of falsification and misrepresentation, to bolster up their crumbling fallacy.

The National Vaccine Establishment of England, was created by Act of Parliament in 1808. The Board of Managers of this establishment in their report for 1811, wrote as follows:

> "Previous to the discovery of vaccination, the average number of deaths by small-pox within the London bills of mortality was 2,000 annually; whereas during 1811, only 751 died of the disease," etc.

In 1818 this Board again says;

> "Instead of 2,000 deaths by small-pox, which was the annual average previous to the practice of vaccination, there died in 1818, only 421."

In 1826 we find in the report of this same Board these words:

> "But when we reflect that before the introduction of vaccination the average number of deaths from small-pox was annually about 4,000, no stronger argument can reasonably be demanded in favor of the value of this important discovery."

Again, in 1836, the paid officials of this vaccine establishment, encouraged by the fact that their report of 1826 had not been questioned, still further falsify facts by the following report:

> "The annual loss of life by small-pox in the metropolis before vaccination was established, exceeded 5,000."

Contrast with these statements the official report of Dr. Farr, and we have a fair illustration of the manner in which vaccination statistics are manipulated in England, and in every other country, where the paid advocates of vaccination and the producers of the *virus* feel called upon to keep up the popular delusion concerning the prophylactic value of vaccination.

Dr. Farr states the facts in these words:

"Small-pox attained its maximum mortality after inoculation was introduced. The annual deaths from small-pox in London, from 1760 to 1779, were on an average 2,323. In the next twenty years, 1780 to 1799, they declined to 1,740. The disease, therefore, began to grow less fatal before vaccination was discovered, indicating, together with the diminution of fevers, the general improvement of health then taking place."

These are facts that cannot be gain-said, and they irrefutably disprove the assertion that 40,000 died annually in England, before the introduction of vaccination, which is the claim made by vaccinators to prove the value of their vaunted prophylactic.

In the reports of small-pox hospitals, a number of cases are always reported as unvaccinated; and in the fatal confluent cases, where vaccination marks could not possibly be seen, and where no inquiry has been made regarding previous protection, they are invariably returned as unvaccinated. I have personal knowledge of several such cases in New York, during the past winter.

An *exposé* of this kind was made in 1875, by Mr. John Pickering, of Leeds, England. The Leeds' small-pox hospital had reported 715 cases treated, from January 29, 1872, to October 24, 1875, of which they reported 600 vaccinated and 115 not vaccinated. Mr. Pickering and his friend Mr. Kenworthy, investigated about half of this number, and though they could find no trace of many of the patients, they ascertained the following facts: six living witnesses were entered "unvaccinated," all of whom had been vaccinated; nine deceased persons were entered "unvaccinated," all of whom had been vaccinated; eight cases entered as "unvaccinated," should have been entered unsuccessfully vaccinated; four cases were entered "unvaccinated," which should have been returned "certified unfit."

Proofs of these facts were presented to the Leeds' Board of Guardians, with the offer to continue the inquiry over the other cases, but an investigation was refused.

This is but another sample of the manner in which statistics in support of vaccination are manufactured, but such figures cannot deceive any one who is earnestly endeavoring to ascertain the truth concerning this important question.

VACCINATION IN AMERICA.

In quoting statistics on small-pox and vaccination, we are obliged to use those of foreign countries, for the reason that none are accessible in America. Even the Boards of Health of our large cities make no effort to ascertain whether those attacked with small-pox have been vaccinated.

In New York and Brooklyn, repeated endeavors have been made to stamp out small-pox by thorough and systematic vaccination. It has been made compulsory in our schools, and during the past ten years, re-vaccination has been demanded, or in its place a certificate from a physician that re-vaccination was unnecessary. Vaccinators have gone from house to house, to vaccinate old and young, and it is claimed by the Health Board of New York, that they have vaccinated 800,000 persons during the past eight years. The profession generally have enjoined the people to have recourse to repeated re-vaccination, and with 3,000 physicians in private practice in New York, it is certain that the entire population, with very few exceptions have been vaccinated from one to six times. Yet small-pox prevails, and this *protected* people are as much in dread of the disease as if they had never been vaccinated.

For the past ten years I have rarely met persons marked with small-pox, without asking them if they had been vaccinated; and in almost every case I received an answer in the affirmative, while many knew of a number of cases of deaths from small-pox, among friends who had been vaccinated and re-vaccinated. During the past year I have known of several cases of small-pox in persons who had been re-vaccinated and pronounced thoroughly protected by the public vaccinators, notwithstanding the declaration of Dr. Taylor, the chief of the Vaccination Bureau, that "Vaccination is an absolute protective against variola."

In 1872 and 1873, I corresponded with over two hundred medical men, and questioned them on the value of vaccination in their experience. The aggregate number of small-pox cases seen by these physicians was 6,423; of which 4,020 had been vaccinated, and 3,008 of these re-vaccinated. In my own practice, I have seen 20 cases of small-pox, of which fifteen had been vaccinated, and eleven of these re-vaccinated. Of my own cases, four died, three of whom had been vaccinated, and one of the three re-vaccinated, while the fourth was that of a child who had not been vaccinated on account of poor health.

THE VACCINATORS' CHANGE OF BASE.

After the advocates of vaccination were forced to abandon the claim that it protected for life against small-pox, they declared that when vaccinated persons did take the disease, it was only in a mild form. This was disproved, even in Jenner's time, by the death, from small-pox, of persons who had been vaccinated, and such cases have multiplied to such an extent with every epidemic, that another change of base was found necessary.

Re-vaccination every few years was then advocated as a certain means of mitigating the severity of small-pox, and still deaths occurred.

It is now the custom to claim that every person who escapes small-pox, whether vaccinated once or a dozen times has been protected by the vaccination; while it is asserted that the vaccination was not properly performed, in all cases where small-pox does occur. In other words, they claim that we are protected till the breaking out of the disease proves the contrary, and then they assert that we had no proper protection.

Again, every mild case is pronounced varioloid, if found among the vaccinated, and variola, if seen in the unvaccinated. This claim is entirely without foundation in fact, as it is well known that all diseases attack persons with different degrees of severity, the strong and robust being slightly affected, while the weakly suffer severely. One child is very sick with measles, while another in the same family may have the disease so slightly as not to affect it in the least; one may die from scarlet fever, while another may only be slightly indisposed for a few days; one may have the whooping-cough for a week or two, while another may suffer from it for months. One person may die from cholera in a few hours, while another may have it severely, and yet recover; and one may feel slightly indisposed from malarial influences, while another may be a great sufferer for months, from the same cause. This being true, is it reasonable to suppose that small-pox should be an exception to the general rule, and only those who have been vaccinated, have it lightly? Certainly not; the facts prove that it is the weakly who die from small-pox, whether they have been vaccinated or not. And, besides, it is the rule not to vaccinate delicate, sickly children, and when such take small-pox they are more liable to die, and the want of vaccination is assigned as the sole cause of the disease.

THE PROPHYLAXIS OF VACCINATION HAS NEVER BEEN TESTED.

Notwithstanding all that has been claimed in favor of vaccination, I contend that its prophylaxis against small-pox has never been tested. Ever since its introduction, the most rigid quarantine regulations have been enforced in all small-pox cases, and from the very nature of the disease, it must be admitted that such measures, of themselves, are calculated to prevent its spread, while superior knowledge enables physicians to treat it more successfully than formerly.

In all large cities, contagious diseases, including small-pox, prevail most extensively and fatally in the low-lying, badly-drained and ventilated, filthy and densely populated districts, where contagion cannot be prevented; and in these districts, too, vaccination has been almost universally performed, because it has been enforced and done without charge.

If vaccination and re-vaccination will certainly prevent small-pox, why do its advocates insist on the enforcement of quarantine regulations? Why do they exclude unvaccinated children from our public schools? Why are those who have been protected(?) by repeated vaccinations so panic-stricken when a case of small-pox is discovered in their midst? Certainly these facts prove that they have no faith in their vaunted prophylactic. The whole history of the way vaccination protects against small-pox is summed up in the action of the New York Health Board, as illustrated by their management during the past winter. A case of suspected small-pox is reported, and an inspector is sent to examine the patient. The diagnosis is confirmed and the patient is removed before vesication takes place, which is before the period of contagion. The house is then thoroughly fumigated, antiseptics are used in every direction, and then all the inmates are *thoroughly* vaccinated. If no other cases occur, the credit is given entirely to the protective influence of the vaccination; while the removal of the patient before he could possibly communicate the disease, and the hygienic measures employed, are never mentioned.

If vaccination is the vaunted protective it is claimed to be, why not depend on it alone? Why not prove by actual facts that the vaccinated are safe from small-pox under all circumstances, while the unvaccinated are certain to take the disease whenever exposed to it? This cannot be done, but on the contrary thousands have lost faith in vaccination because of its repeated failures.

All the protection we have against small-pox comes from our improved knowledge of the hygiene of the person, the home, and the community; and if one-quarter of the money that is now spent to support a vaccination aristocracy was applied to improving the conditions of life in localities where small-pox usually originates, we would not only banish small-pox, but with it all other zymotic diseases. I contend that vaccination, without quarantine and hygienic conditions, would show an enormous increase of small-pox in a very short time, while the strict observance of the latter, without vaccination, would tend to improve the general physical condition of our people and this further diminish the fatality of small-pox.

Until the advocates of vaccination are willing to depend on their own prophylactic, they should cease to urge it upon those who have no faith in it.

THE EVILS OF VACCINATION.

Even if there was any evidence to prove that vaccination was a prophylactic against small-pox, the appalling evils that have been and are still produced by it are sufficient to condemn the practice as a crime.

Every physician of experience has met with numerous cases of cutaneous eruptions, erysipelas, and syphilis, which were directly traceable to vaccination, and if these could all be collected and presented in one report, they would form a more terrible picture than the worst that has ever been drawn to portray the horrors of small-pox.

In 1872, I condensed into a report, the following summary of evidence (under oath), taken by a committee of the British House of Commons, in 1871, on this subject. It speaks for itself:

Dr. Collins testifies: "After twenty years experience as a vaccinator, during six or seven small-pox epidemics, I have ceased to vaccinate ten or twelve years; and gave up at least £500 sterling a years by so doing. I consider vaccination not only useless, but an evil. Have often seen children with syphilitic eruptions, after vaccination, whose parents were free from any taint. Have seen children, hitherto healthy with no trace of struma, after vaccination assume a scrofulous character, with every characteristic of a strumous habit. Erysipelas and phlegmanous ulcers are also by no means uncommon after vacccination. In a particular case I vaccinated an apparently healthy child with lymph from the national vaccine establishment, and on the eighth day, from a true Jennerian vesicle on its arm, I, at the request of the parents, friends of the first, vaccinated another healthy child; and three weeks after both children were brought to me, having decided syphilitic symptoms; when, on examination, it was found that the father of the first child had constitutional syphilis. The parents of the second child were perfectly healthy, but the syphilis had been conveyed to it by the vaccine lymph taken from the other. Was once consulted by some young ladies who had been vaccinated from their brother, who had been suckled by a syphilitic nurse, and, on being discovered, it was found that her own child had the usual syphilitic symptoms."

Dr. Pearce testifies: "I have given special attention to the subject of vaccination for eighteen years. Returns show a large increase of consumption. Knew a lady and her elder brother, unvaccinated, the only survivors of ten children, the rest having been vaccinated, five of whom died in childhood, and the remaning three at from fifteen to eighteen, of consumption. The mother always attributed the death of her eight children to vaccination. The ancestors on both sides for generations were all healthy country people. There was no defect of nutrition, no re-breathed air of work-shops. When vaccinating, as I formerly did extensively, I was astonished to find that I had unwittingly transmitted syphilis from lymph supplied by the Jennerian Institution; I had proved that no taint existed in the parents; had twenty or twenty-four such cases within four years at Northampton."

Referring to the 540 practitioners who are reported to have taken grounds against his positions, he says: "They are chiefly surgeons of hospitals, who perhaps have never vaccinated or been in general practice; the answers of such men are of no value. Mr. Whitehead, of Manchester, reports several instances of syphilitic taint, transmitted from a true Jennerian vesicle. This is positive evidence; but men may say that they never have seen what they never had an opportunity of seeing. Dr. Ballard had stated that a true Jennerian vesicle cannot be distinguished from a vesicle containing syphilis."

Dr. J. J. Garth Wilkinson testifies : "I have vaccinated to within the last five years without thinking about it. Vaccination is so entirely *secumdem artem,* the large majority cannot think about it. We are continually coming upon venerable fallacies ; but on this question prestige and interest prevent investigation. Six positive cases are worth 10,000 negatives, which go for nothing."

Dr. Siljestrom, a man of great scientific eminence, and a legislator in Sweden, says: "I have always felt that if vaccination does not stand against small-pox it is *nil;* if it does so stand, millions to one but what it imparts other and more powerful disorders into the system. My own coachman's child took erysipelas concurrently with vaccination, and both the child and its mother, who was nursing it, who had had small-pox, died of the erysipelas. Knew a case of an eminent literary man crippled with a skin affection, a kind of eczema of the leg, ever since being re-vaccinated four years since. Have often, almost daily, heard parents say, "my children have never been the came since they were vaccinated."

Mr. G. S. Gibson testifies : "I attribute the large increase in infant mortality to their being poisoned in the first year of life, in a greater proportion than formerly, by vaccination. Constitutional diseases may be perpetuated in the same way, and the foundation laid for tubercular discase of some kind."

Prof. Ricord says in a French Medical Journal, of March 10th, 1865 : "*At first I repulsed the idea that syphilis could be transmitted by vaccination, but to-day I hesitate no more to proclaim the reality.*"

Mr. Emery testifies : "I have seen much suffering, ulcerous sores, etc., from vaccination. Vaccination is matter taken from the cow, put into the arm, and from arm to arm, for thirty years, and all manner of dirt is scraped out of one person's arm and put into another. I had a healthy child, eleven weeks old, vaccinated in May, 1869. On the ninth day it became very ill, the arm, body, and legs swollen, and turned red and green, having no rest night or day till its death, a month after. Have since seen one hundred to one hundred and fifty healthy children suffering, immediately, after vaccination, and parents who have lost their children by it."

Mr. Covington mentions the case of a healthy child, twelve months old, in whom syphilitic appearances showed themselves five weeks after vaccination. His own child was taken ill immediately after vaccination, and suffered for nine months, and afterwards from abscesses, etc., for four years. In a third case, a child of four months, immediately broke out with sores, and died in the tenth month. Believes vaccination conveys consumption, syphilis, and many other like diseases.

Mr. Adison deposes : "That on the 8th day of September, 1870, he had a sound, healthy child, three months old, vaccinated against his will, to obey laws ; three days after it broke out in a fearful rash, which continued to increase for eight weeks, when it died."

Rev. Hume Rothery testifies : "I had a healthy child which suffered from a long series of very large boils, coming on three months after vaccination, which I believe to be the cause. Another case, a healthy child, nine months old when vaccinated, was afterwards afflicted with sore eyes for many years, and they are still weak ; it being afterwards found that sore eyes prevailed in the family from which she was vaccinated. A third case, a fortnight after vaccination, (at nine months old,) became covered with an offensive eruption all over the body, is now three years old, and has seldom since been free from sores and scabs ; her elder brother, not vaccinated, father and mother, and families are remarkably healthy. A fourth case, now four years old, healthy before vaccination, has never since been so; nine months afterwards foul sores broke out, which continued, and appear likely to continue; there is a hole in one hand, and the foot probably crippled for life. In a fifth case, vaccinated when a babe, the family all perfectly healthy, cancer appeared on the chin, at eighteen months old, and she lost the left breast from cancer at thirteen. A sixth case, exceedingly well before vaccination, was never well afterward. Its flesh rotted on slightest scratch of a pin, and now and then broke out in in scales and sores; it died when twenty months old. Six other children were vaccinated from this child, not one of whom survived. A seventh case, a healthy baby before vaccination, became ever after an indescribable sufferer, aud died at nearly eight, his body being literally rotten; father, mother, and five other children all remarkably healthy. In an eighth case, a healthy boy, four months old, was vaccinated; three months afterwards the arm began to break out, the head was one mass of sores, which continued for twelve months; believe it was syphilis; there had never been any disease in parents' families. Could mention a considerable number of other cases, eight—all of deaths—from Rochdale; twelve from Smallbridge, many others from Scotland; all attested before magistrates, with the understanding that they were to be laid before this committee. Could mention a number of other cases, but the sufferers are afraid to come forward. A child may appear healthy, but no one can say where a latent taint exists."

Dr. Nicholson, a pro-vaccinator, writes: "If a case can be made out against vaccination, by all means let the law be repealed:" whilst Dr. Blanc, also a vaccinator, says: "Persons who deny such transmission are greater foes to vaccination than its declared adversaries."

Mr. Simon testifies: "There is not the least doubt that syphilis has, on several occasions been communicated on the continent by what was purported to be vaccination. Lymph ought not to be taken from a subject who can be reasonably supposed syphilitic. A vaccinator should assume that such would convey syphilis. Practically, we should expect lymph taken from a syphilitic child would be syphilitic, as the safe side to err on, without attaching importance to negative experiments."

Dr. Bakewell testifies: "There is a very strong opinion among medical men in the West Indies that leprosy has been communicated by vaccination. They often apply to me for lymph from England, though there would be an equal chance of English lymph being contaminated by syphilis; have seen several cases of leprosy where vaccination seemed to be the only explanation; have a case now, a child from India, a leper, both parents being English; saw another, a creole of Trinidad, also of English parents Sir Ranald Martin agreed with me that the leprosy arose from vaccination. Have seen several cases of leprosy resulting from vaccination, arrived at the conclusion with reluctance in the face of difficulties. Have no doubt death resulted from syphilis, produced by vaccination, in the Rivalta cases. There are two hundred and fifty-eight such cases mentioned by Lancereaux as having occurred in France, Italy, and Germany. Think there are others of which we have no knowledge."

Mr. Hutchinson testifies: "I was asked by the medical man to examine into the communication of syphilis to several adult servants and shopmen who were re-vaccinated, on the 7th of February last, from one child, lent to the operator from a public vaccinating station. Of thirteen so vaccinated whom I saw on the fourth or fifth of April, eleven had on their arms sores characteristic of syphilis—the primary sore of syphilitic contagion; the two who escaped were the first vaccinated. A few days later saw tho child (six months old), from whom the lymph was taken, and though it appeared in good health, I should have no doubt it was the subject of inherited syphilis; it had an eruption on the body, then very slight indeed, and probably not present at the time of vaccination."

Dr. Wm. Collins, of London, concludes an article on this subject, in these words: "I am bound to admit that I have no faith in vaccination, nay, I look upon it with the greatest disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and it is no protection from small-pox. Indeed, I consider we are now living in the Jennerian epoch for the slaughter of the *innocent,* and the unthinking portion of the population."

The *Lancet* of November 16, 1861, contained an account of the inoculation of forty-six children with syphilis, conveyed by means of vaccination. And in 1866, thirteen children were similarly affected by vaccination from a child, who had been vaccinated with lymph obtained from the medical authorities. On the same subject the *Lancet* of January, 1866, says: "This highly important subject has been fully treated by the *Siglo Medica,* a Spanish medical paper. In this article we find statistical tables of value. The author, in collecting data respecting instances of syphilitic contamination through the vaccine virus, shows that the disease was communicated in 224 out of 314 vaccinations."

Volume twelve of the *Union Medicale,* a French magazine, contains a report of the celebrated Rivalta cases in Italy in 1861. In these cases 46 children were vaccinated with virus from an infant that seemed healthy, and seventeen were afterward vaccinated from one of the children of the first series, and of these forty-four were affected with syphilis, and they in turn propagated the infection to their mothers and nurses. DR. HENRY LEE, a great authority in syphilis, stated after investigation, that he could come to no other conclusion but that the disease was communicated by vaccination in the Rivalta cases.

Prof. JOSEPH JONES, of Nashville, Tennessee, of the late Confederate army, published, in 1867, a pamphlet of 164 pages, in which he gives the sworn testimony of many prominent physicians in the Southern States, proving beyond doubt, that many hundreds of soldiers had died from syphilis and gangrene caused by vaccination.

At times when any number of vaccinations are being performed, hardly a week passes without reports of deaths from crysipelas following vaccination. In spite of the utmost care, I frequently met with such cases in my own practice, before I abandoned vaccination, and there are few physicians who have not similar experiences to record.

That erysipelas and infantile syphilis have increased to an alarming extent during the past twenty years, can be proved by the death returns of every country where vaccination is practiced, and the best authorities in the world no longer deny that both of these diseases have been largely augmented by vaccination.

Such cases are being reported from every part of the United States, and the individual testimony of physicians, in private practice, would fill many volumes without exhausting the horrors that have been developed by vaccination.

Vaccinators had long denied that disease of any kind could be communicated by vaccination, but by degrees, many in this country tacitly admitted their error, by substituting bovine for humanized virus.

It was positively declared by the Metropolitan Board of Health, of the City of New York, in 1872, that the humanized vaccine lymph had never conveyed diseases from one person to another. They were actually forced to abandon that position in less than three years. A bureau was then established, in the department, for the purpose of supplying bovine virus, and all physicians in the city were notified that they should adopt it in their practice. They asserted that this virus was the genuine vaccine lymph, obtained in France from pustules spontaneously formed on the udders of cattle; and have since declared that they use no other. This claim had allayed the fears of the people about the dangers of vaccination, as it was thought no disease could follow the use of this bovine virus. Dr. Martin, of Boston, the New York Health Board, and a number of other enterprising doctors, are now engaged in producing this "virus," which Jenner claimed "did not protect against small-pox," and these are the men who mislead the public by false statistics and are urging the passage of compulsory vaccination laws. But they do more than this. They deceive the people in regard to the kind of virus they use and offer for sale.

At a recent meeting of the First Anti-Vaccination League of America, the writer stated that the officials of the Board of Health collected the scabs from the arms of children vaccinated by them, without regard to the health of the children, and sold them at two dollars a scab. A *Herald* reporter interviewed Dr. Taylor, chief of the Vaccination Bureau, and he was obliged to admit that such scabs were collected, but were not used at home. He then acknowledged that they were sold for use in Cuba and South America. Is not even this admission enough to stamp the men who claim to supply "only pure(?) bovine virus," as unworthy of public confidence.

The public must not be mislead, however, by the claim, that no disease can be communicated by bovine virus. Domestic cattle are subject to all the diseases to which man is liable, with the possible exception of syphilis, and many careful observers have found those diseases in progress after vaccination. Erysipelas and various cutaneous eruptions are common sequences of bovine vaccination, and Dr. G. H. Merkell, of Boston, has reported cases having all the characteristics of syphilis, following the use of Dr. Martin's virus on children previously healthy, and in whose families no taint of disease could be traced.

On this subject *The Lancet*, (London), June 22, 1879 says: "The notion that animal lymph would be free from chances of syphilitic contamination is so fallacious that we are surprised to see Dr. Martin, of Boston, Mass., U. S. reproduce it."

When vaccination of all kinds is entirely abandoned, and people are more thoroughly instructed regarding the laws of health all forms of zymotic diseases will be unknown, and the general vitality of the race will be greatly improved.

WHO UPHOLDS VACCCINATION?

There are several classes of persons who uphold vaccination: 1st. The vaccination rings, consisting of the officials of health boards, and public vaccinators, who are yearly receiving millions of dollars from the public treasuries. It is their interest to favor the practice at all hazards, and they falsify statistics in order to conceal its failures and evils. 2d. Thousands of medical men believe in vaccination because they have been taught to do so, and because the best authorities recommended it. They have vaccinated because it was the custom and they were paid for it. They have supposed vaccination would prevent small-pox, and they never dreamed of making any investigation for themselves, or even giving it a moments thought. 3d. A rapidly increasing number of the profession, who have no faith in vaccination, tell us that if people wish to be vaccinated they might as well do it and get the fee, as some one else would do so if they did not. The people believe in it and they encourage the belief.

Of the first class we have no desire to speak. They intentionally or ignorantly ignore all the facts of history and aim at making every thing conform to their ideas and wishes. Among the second class there are many sincere men who undertake to defend vaccination, but they cannot see both sides of the question; and with a few old figures and a rehash of the old story, they rush into print to convince the profession and the people of the great value of vaccination.

It is hard to abandon old theories and beliefs. It is harder still to uproot popular fallacies; but that vaccination is doomed to follow into oblivion, the practice of blood-letting, and general depletion, and the numerous other empirical practices that once constituted regular medicine, is as certain as that the sun shines.

THE OPPONENTS OF VACCINATION.

Those whose interest it is to keep up the belief in the prophylactic value of vaccination against small-pox, have endeavored to make it appear that anti-vaccinators were bigoted and ignorant, and therefore not entitled to credence. The truth is that they are neither bigoted nor ignorant, but have been compelled to abandon vaccination, after giving the entire subject a careful and impartial investigation. The majority have refused to vaccinate under any consideration, and have relinquished a considerable sum of money, yearly, rather than continue a practice which they believe to be a fallacy and a crime. They have espoused an unpopular cause, and have made many personal sacrifices to uproot what they conscientiously believe to be wrong. They have had everything to lose and nothing to gain by entering upon this crusade against vaccination, and they are confident that every candid person who will take the trouble to investigate, will enroll themselves on their side of the question. With the conviction that they are right, and with the cooperation of many of the ablest minds the world has ever known, they can afford to smile at the invectives and ridicule of the interested, indifferent, and ignorant physicians, who find it necessary to do everything in their power to perpetuate the popular faith in vaccination.

The following opinions of eminent physicians and savans, will give some idea of the extent of the disbelief in vaccination, and if they are the "ignorant men" of the nineteenth century we have no objections to being classed with them :

Dr. Joseph Herman, principal physician at the Imperial Hospital, Vienna, from 1858 to 1864, says : "My experience of small-pox during those six years of bedside attendance, has given me the right, or rather has imposed on me the duty, of taking part in the bold and spirited onslaught on vaccination which is now being carried on in Switzerland, Germany, England, and other countries. I am convinced that vaccination is the greatest mistake and delusion in the science of medicine ; a fanciful illusion in the mind of the discoverer ; a phenomenal apparition, devoid of scientific foundation, and wanting in all the conditions of scientific possibility."

Dr. C. T. Pearce, London, says : "That the increased death-rate of children is coeval with the extension of vaccination ; that so far from the practice being protective against small-pox, the liability to small-pox in adult life is greater in the vaccinated than in the unvaccinated."

Sir James Y. Simpson, M.D., Edinburg, says: "Small-pox can never be exterminated by vaccination."

Dr. Simon, medical officer to the Privy Council, England, says: "Small-pox after vaccination, has been a disappointment both to the public and the medical profession."

Dr. Caron, Paris, Chevalier of the Legion of Honor, and late Government Physician to Paris Prisons, says: "Vaccination, so-called, modifies not one tittle of either the virulence or the consequences of the small-pox. I have long since refused to vaccinate at any price."

The Lancet (London), January 21, 1871, says: "From the early part of the century, cases of small-pox after vaccination have been increasing and now amount to four-fifths of cases."

Dr. Vick, Ekerbery, near Stettin, says: "I should be glad to say a few words about small-pox epidemics, because in the year 1871–72, I had 652 small-pox patients under my care, of whom 431 were French and 221 German, of various origin and ages. According to my experience—from accurate notes taken at the time—vaccination does not exercise the slightest influence in mitigating the force of the epidemic; for many of the patients had been recently vaccinated, some only 14 days, and others within six months of their being siezed with the disease. The theory is propounded, that after vaccination, small-pox is less severe. I contest it most vigorously, because the majority of those vaccinated were seized with the genuine small-pox (variola). Among the French who were *not* vaccinated, the spurious small-pox (varicella) principally prevailed; which speaks strongly *against* vaccination.

"You must be aware of the injurious consequences so frequently resulting from the vaccination of children. Vainly do I seek to discover the advantages of vaccination."—From papers read at Medical Congress, Chemnitz, Lower Saxony, September 27, 1872.

Dr. Nittinger, of Stuttgart, writes, in 1872, of Wurtemberg: "In five districts scarcely any medical men practiced vaccination. Out of 462 physicians in the country, only 229 vaccinated. We have to lament that since vaccination, there has been no year free from small-pox; that small-pox hospitals have been built, and are continually open; that of 100 patients *before* vaccination, only 6 to 7 died; but *since*, from 10 to 20 die."

DR. CHARLES JOHN BRICKNELL, Banbury, England, says: "I shall be ready at any time to state my belief in the inefficacy of vaccination as a preventive of small-pox, and also that the practice of vaccination is contrary to the principles of medical science. I believe it would be a great benefit to mankind if it were rendered penal to vaccinate."

DR. LEANDER JOSEPH KELLER, chief physician to the Austrian State Railways, kept a record of the mortality amongst the company's servants and their families, of 373 small-pox cases, during 1872. DR. K. concludes his paper thus:

"1. Generally more vaccinated than unvaccinated persons are attacked by small-pox.

2. Re-vaccination did not protect from small-pox, and did not lessen the general mortality.

3. Neither vaccination nor re-vaccination exercised a favorable influence upon the small-pox mortality."

DR. J. SHORTHOUSE, Croydon, England, says: "Vaccination is, or is not a preventive. If it be so, it is effective the first time, and does not need to be repeated. To say that it requires repeating at stated periods of five, or seven, or ten years, is arrogant humbug and quackery."

DR. JOHN SIMON, medical officer of Privy Council, England, says: "The small-pox epidemic of 1870–3, was part of a world-wide prevalence of the disease. It seems universally testified by skilled observers, that no small-pox epidemic in living memory had been (if I may so express it,) of equally malignant intention with that which is here in question."—*Public Health Reports*, 1874.

(If this be so, where is the protection of vaccination?)

DR. SEATON, Superintendent of Vaccination, in his *Public Health Reports* for 1874, writing of the epidemic of small-pox for 1870–73, says: "The peculiar intensity of this epidemic was manifested by the extreme diffusiveness of the disease; by its attacking, in unusual proportion, persons who were regarded *as protected against the disease, whether by previous small-pox or by vaccination*, and *by the occurrence with quite remarkable frequency of cases of a malignant and hæmorragic type*, and *a consequent unusually high ratio of deaths to attacks*."

(Where is the virtue of vaccination, DR. SEATON?)

DR. H. OIDTMANN, of Linnich, says: "In Sweden, prior to the introduction of vaccination, in 1801, died of small-pox, 600 persons per 1,000,000 inhabitants, and since vaccination has been assiduously practiced there, the mortality of small-pox has gradually but regularly increased. In 1874, with a population exceeding but little the number of 4,000,000, there died of small-pox, in this State, 4,063, exhibiting thus an *increase* of more than 400 per 1,000,000 of inhabitants."

DR. E. ROBINSON, late Medical Officer of Health, Dunkinfield, England, says: "Whilst I have shown that the increase of 53 to 75 per cent. of small-pox after vaccination, is owing to vaccination as an operation having a tendency to increase small-pox, I wish the reader to understand that I do not look upon this tendency as constituting the most serious of the unsafe conditions inseparably connected with vaccination. The promotion of the other diseases referred to in former pages is the influence which condemns vaccination as an *unsafe* remedy."—From "*Can Disease Protect Health*," 1880, p. 32.

"DR. STRAMM, Medical Staff Officer, Prussian Army, says: "I, myself, have been vaccinated, and twice successfully re-vaccinated; and yet, in the exercise of my official medical duties during the late epidemics in Prussia, I have been attacked with small-pox in the most virulent confluent form, and been only saved from worse consequences by a speedy change of climate."

Dr. Ceely, Aylesbury, England, says: "They would not be able to annihilate small-pox by vaccination, and he defied any one to show he had claimed such a result; from the experience he had had, no such thing could, or ever would happen."—Address at Calf Lymph Conference, London, December, 1879.

Dr. Jules Guerin, Paris, in an address before the French Academy of Medicine, 1881, says: "A large number of medical men consider a general vaccination and re-vaccination to be in itself one of the causes of small-pox; a crowd of the newly vaccinated to be itself a dangerous centre of infection; and the 150,000 re-vaccinations in Paris during the siege to be in some degree responsible for the great epidemics of 1870–1."

"Dr. Charles Cameron, member of the House of Commons, England, says: "Since 1836, our statistics have been compiled so as to enable us to compare the mortality, not merely in small-pox occurring in all classes of vaccinated persons, at different periods, but in each separate class of vaccinated persons—in persons, that is, with 1, 2, 3, or 4 good or indifferent marks. *I have gone into these details, and found that not merely has the mortality in small-pox occurring after vaccination progressively increased in the aggregate,* but it has increased *in each class of cases,* and *increased enormously in the best vaccinated classes of cases.*"—Letter in *London Times,* May 24. 1881.

Dr. J. J. Garth Wilkinson, of London, Eng. says: "It is demonstrable that vaccination has no influence whatever over the small-pox death rate. For the whole hospital death rate now of vaccinated and unvaccinated is just eighteen per cent.; almost exactly what it was before vaccination existed."

Prof. Manniell, Royal College Surgeon, Ireland; "The term *imperfect* or *spurious* vaccination is frequently met with in books, and has been the cause of no small degree of confusion in practice, although, at the same time, *it has frequently* *afforded the practitioner an asylum against the storms now and then arising out of failures in the protective power of the vaccine disease.*"

Dr. Copeland, (*Medical Dictionary* pp. 832.): "Just half a century has elapsed since the discovery and introduction of vaccination, *and after a quarter of a century of transcendent laudations of this measure, with merely occasional whispering of doubt; and after another quarter of a century of reverberated encomiums* FROM WELL PAID 'VACCINATION BOARDS,' *raised with a view of overbearing the increasing murmurings of disbelief among those who observe and think for themselves*,—the middle of the ninteenth century finds the majority of the profession, in all latitudes and hemispheres, doubtful as to the preponderance of advantages, present and prospective, to be obtained either from inoculation or vaccination."

Dr. Felix Von Niemeyer, says: "It (vaccination) endangers life, and in other cases leaves permanent impairment of health."

Prof. German, M.D., University of Leipsic: "Above all, the dire fatality which lately occurred at Lebus, a suburb of Frankfort-on-the-Oder, would alone warrant the abolition of the vaccination laws. Eighteen school girls, averaging twelve years of age, were revaccinated, and thereby syphilised and some of them died. * * * * Yet the lymph, the syphilitic lymph, used in this case was obtained from the Official Royal Establishment for the new 'regenerated' or 'animalized' vaccine lymph so warmly recommended for the re-vaccination of schools."

Dr. Kolb, Munick: "In well-vaccinated Bavaria, famous for compulsion in 1871, out of 30,742 cases, 29,439 were supplied by the vaccinated."

Prof. Francis W. Newman, of London University, says: Nothing is clearer to any one who will open his eyes than that what is now called vaccination has no effect in lessening small-pox, and has frequent and terrible effect in doing mischief. The doctors who urge vaccination do not believe in it, for they advise re-vaccination."

P. A. Taylor, M.P., England, says: "I have no hesitation in asserting the confident opinion, as the result of much study of the question—historically and statistically—that vaccination is a ridiculous delusion—that there is no evidence that it has the slightest effect as a preventive of small-pox—that indeed the negative evidence is all the other way, while the positive evidence of the mischief it has done is incontrovertible."

Adolph Count Bedtwitz, of Austria, says: "For let medical advocates exhaust themselves as they may in sophisms, it nevertheless remains an eternal truth, that the State has no right to prescribe a medical creed to any man; and no man, with any self-respect, who has once seen through the stupid superstition, the shameless deceit of vaccination, will, without resisting to the uttermost, ever consent to the degradation of allowing the near and dear to him to be subjected to it, or lend a hand to the coercion of others."

Alexander von Humboldt, says: "I have clearly perceived the progressive dangerous influence of vaccination in England, France and Germany."

Herbert Spencer, writes: "I wish I had known some time since that the vaccination persecution had in any case been carried so far as you describe, as I might have made use of the fact. It would have served farther to enforce the parallel between this medical popery which men think so defensible, and the religious popery which they think so indefensible."

Dr. Furber, of Topeka, Kansas, says: "There is no necessity to resort to such a loathsome imaginary remedy. Vaccination is a humbug; enforced vaccination a crime."

Many more similar opinions might be quoted, but enough has been presented to give an idea of the character of the men who are opposed to vaccination.

DEDUCTIONS.

From the facts presented in the foregoing pages, we cannot fail to deduce the following :

1st. That Jennerian vaccination is neither practiced or believed in at the present day, therefore, he made no discovery.

2d. No two physicians agree as to what constitutes efficient vaccination, therefore, the practice is empirical and unscientific.

3d. That the percentage of fatal small-pox is as great now, as before Jenner's time.

4th. That small-pox has largely increased during the past few years, in spite of vaccination.

5th. That serious evils follow vaccination, whether the virus is humanized or bovine.

6th. That vaccination has never been tested as a prophylactic against small-pox.

7th. That sanitary conditions and strict isolation of patients, are the only safe guards against all zymotic diseases.

8th. That the majority of the profession who advocate vaccination are pecuniarily interested in its perpetuation.

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EVERYBODY'S DOCTOR:

A

NEW AND IMPROVED HAND-BOOK

OF

HYGIENE AND DOMESTIC MEDICINE.

BY

ROBERT A. GUNN, M.D.,

EDITOR OF MEDICAL TRIBUNE; PROFESSOR OF SURGERY, UNITED
STATES MEDICAL COLLEGE.

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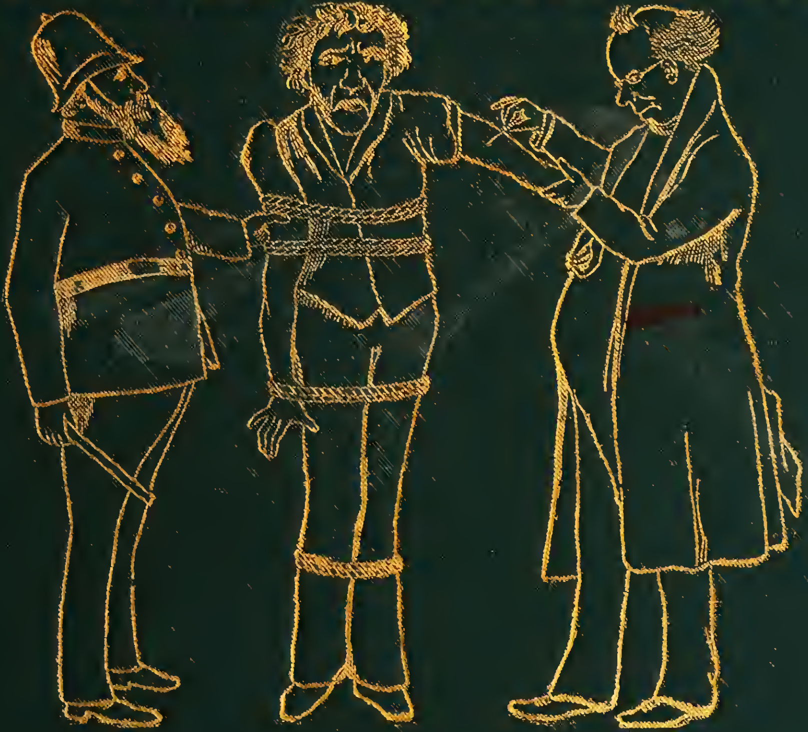

PEEBLES

VACCINATION.

To the Editor of "The Bulletin."

Sir: In a discussion on the reliability of vaccination as a preventive of small-pox, the assertion was made that in the three last epidemics of this disease in England the mortality was greatest in the last one; necessarily since Jenner's discovery. Please give some statistics on this subject.
T.

(In 1857 the British Parliament received answers from 542 physicians of all nationalities to questions which were asked them in reference to the utility of vaccination, and only two of them spoke against it. Nothing proves this utility more than the statistics then obtained. Especially instructive were the figures compiled in an epidemic of small-pox at Chemnitz, Germany, in 1870-71. Its population was 64,225, of whom 53,891 were vaccinated. 5,712 were unvaccinated, and 4,652 had had the small-pox before Of those vaccinated, 953, or 1.77 per cent. became affected with the disease; of the unvaccinated, 2,643, or 46.3 per cent., suffered from it. The mortality of the vaccinated was 0,73 per cent. and of the unprotected 9.16 per cent Summary of recent statistics indicates that i general cases the danger of infection is six time as great and the mortality sixty-eight times a great in the unvaccinated as in the vaccinate During the Franco-Prussian war there was a epidemic of small-pox in France; the Fren army, whose vaccination was not carefully c ried out, lost 23,400 from small-pox; the G man army, where the men had been thoroug inoculated, lost only 450 men.)

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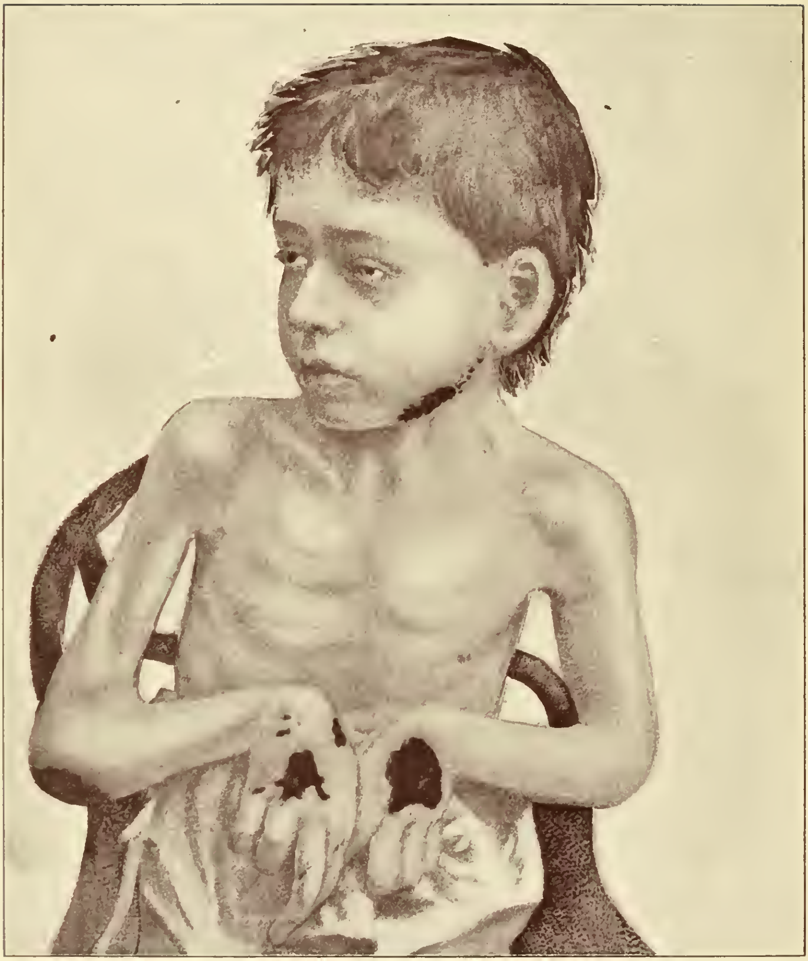

VACCINATION DEFORMITY.

VACCINATION
A CURSE

AND A MENACE
TO
Personal Liberty,
WITH
Statistics Showing Its Dangers and Criminality

BY

J. M. PEEBLES. A. M., M. D., PH. D.

AUTHOR OF

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TO KEEP YOUNG," "THREE JOURNEYS AROUND THE WORLD," "HOW TO
LIVE A CENTURY AND GROW OLD GRACEFULLY," "THE SOUL'S
PRE-EXISTENCE," "THE CHRIST QUESTION SETTLED,"
"IMMORTALITY AND OUR DWELLING PLACES
HEREAFTER." ETC., ETC.

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PREFACE.

No man, conscious of his moral integrity, intellectual ability and studied efforts to benefit humanity, will ever apologize for speech or book; hence I make no apology for publishing the following pages.

The vaccination practice, pushed to the front on all occasions by the medical profession, and through political connivance made compulsory by the state, has not only become the chief menace and gravest danger to the health of the rising generation, but likewise the crowning outrage upon the personal liberty of the American citizen.

The immediate occasion which induced me to take up the pen against this great medical evil of the times, was the closing of the public schools in San Diego, Cal., (February, 1899), against all children who failed to show a certificate of vaccination. Emerging from that heated contest, with my feelings and convictions roused to their highest tension, these pages were thrown off at welding heat; and if they are pervaded with sarcasm and irony as well as sterling fact and solid argument, they will serve all the better for popular appeal to the masses, who need rousing to a realizing sense of the unmitigated scourge that lurks on the point of the vaccinator's lancet. The general public are not aware; the householders of the land have not given this subject that attention which, as parents and guardians of little children, it is their solemn duty to do. I send forth this book to open their eyes, to rouse their conscience, and to discover to them a cruel and insidious enemy where they have been cajoled into the belief they have a friend.

For the last thirty years I have made a practical study of the workings of vaccination in the various countries of the globe. I have personally investigated it in Trebizonde, Asiatic

Turkey, while there holding a Consular appointment under General Grant; in South Africa; in New Zealand and Australia; in British India and Ceylon; in Egypt, China and the countries of Europe; in Mexico and the Islands of the Pacific, not omitting our own United States. I have for many years been familiar with the heroic struggle of reformers in England for the repeal of the compulsory enforcement of vaccination, for resistance to which thousands among the laboring poor have been fined and imprisoned. In all hot countries the principal mode is from "Arm to Arm" vaccination, on account of the unruly, uncertain behaviour of the ordinary putrid calf pus. This mode has spread syphilis and leprosy among the native inhabitants until the indigenous populations of the Sandwich Islands and the British West Indies are threatened with extinction. Yet the fee-hunting doctors are incessantly hounding the legislatures for more stringent compulsory enactments, by which they will be enabled to inflict and repeat this degrading rite upon the defenceless natives for the enhancement of their revenues.

Moreover, vaccination is a "civilized" practice. English, French, German, and American physicians, by means of compulsory vaccination laws which they have lobbied through the various governments and legislatures, have the masses of the people, and especially the native populations of the countries which their respective governments rule, at their mercy. The native Hindoo and the tropical islanders know full well the calamitous results of arm to arm vaccination, but are powerless to protect themselves. In the United States and Great Britain, the evil assumes other and equally portentious forms which are fully set forth in the following chapters.

Compulsory vaccination, poisoning the crimson currents of the human system with brute-extracted lymph under the strange infatuation that it would prevent small-pox, was one of the darkest blots that disfigured the last century. Its pall, though partially lifted, still rests like a deadly nightmare upon the body politic, and, sad to state, the medical profession—save a few of the most broad-minded and enlightened—have been the chief instigators. They encouraged it just as they encouraged and practiced in the past profuse bleeding—just as they encouraged catharsis, with the inflamed gums, loosened teeth and the mercurial sore-mouth. And there are medical Bourbons today that will salivate. Thirty years ago physicians would not allow their fever patients a drop of cold water to cool their parched tongues. Many died pleading—begging for water, water!

The majority of doctors are behind the times. They may have diplomas, but they are laggards. They are not students. Many of them prefer the billiard-room to the post-graduate course. They prefer the club-room to the medical laboratory, the cigar to the clinic. They are fossils and away behind in the researches that gladden this brilliant era.

While copious bleeding with much of the old "shot-gun" practice has been relegated to the dreamless shades of the past, they still compulsorily poison with cow-pox lymph; and then piteously complain that "medical practice does not pay"—that multitudes prefer psychic physicians, hypnotic practitioners, osteopathists, mental healers and sanitarium treatment to theirs. Of course they do. This is natural; for just in the ratio that the latter increase do graveyards grow lean and coffin-makers' occupations are in less demand.

It is admitted that prevention is preferable to cure. And there is not an intelligent medical practitioner in the land who will unqualifiedly risk his reputation upon the statement that vaccination is a positive preventative of small-pox. Volumes of statistics as well as the highest medical science of this country, Canada, England, and the Continent would be directly against him. The most that any physician of good standing now contends for is that vaccination modifies the disease. This is stoutly denied. On the contrary it rather aggravates the disease as there are two poisons now in the system instead of one for nature to contend against. It is sanitation, diet, pure air, calmness of mind, confidence, and cleanliness that modify the small-pox; all of which modifiers are infinitely cheaper, safer, and in every way preferable to cow-pox poison, which, if it does not kill, often marks, maims, and sows the seeds of future eczema, tumors, ulcers, carbuncles, cancers, and leprosy.

We have at our command testimonies—scores of testimonies—proving beyond any possible doubt that men unvaccinated have nursed small-pox patients in hospitals at different times, for years, and never took the disease, while on the other hand we have, with the dates and figures, the most positive proof that those who had been vaccinated—vaccinated two and three times—took the disease when exposed, and died therefrom. These facts are undeniable.

Time, at my age, is too precious to parry words with mere ordinary physicians; hence, will only add that when laymen or medical practitioners tell me that calf-lymph vaccination, however manipulated, prevents or modifies the small-pox, they most severely, painfully, try my patience. I do not tell them they are falsifiers, but do state emphatically that if I should say that cow-pox vaccination invariably prevented or modified small-pox I should consider myself either a most pitiable ignoramus or a most infamous falsifier of facts! Such is my position, and medical men, considering it, can pose upon just which horn of this dilemma—this downy couch—they find the most comfortable.

The time has come for scholarly men, for cultured, independent physicians to speak out plainly against this baleful scourge—to take a brave stand for the right and defend it though the bigot's fire be kindled, or the crimson cross again be built.

Compulsory vaccination and class legislation of all kinds in the interests of any one profession, are opposed to the genius of unfoldment, the spirit of the age, and to the Constitution of the United States. They are smitten with dry rot and stamped with the black seal of death. They are going graveward, and fee-hungering physicians are the principal mourners. This is emphatically an age of research and progress. Nature, afire with the indwelling Divinity, and voiced by the law of evolution, says, grow—grow or die, giving place to something better. The good and the true, only, are immortal.

Previous to the Reformation the state stood behind the priest and enforced his edicts, from whence thousands of victims fell before the steel and the flame of a merciless persecution. Today the state stands behind the commercialized, fee-hunting doctor, to enforce his vaccination fraud against the lives and health of millions of little children. It is especially for the removal of this disgraceful compulsory curse that I speak as with a tongue of flame, that I make my earnest, impassioned plea. Restore the American citizen to his liberty in matters medical as we have guaranteed his liberty in matters religious, and then if the medical profession have any specific of value to offer, the common sense of the people will come to know and adopt it.

J. M. PEEBLES, M. D.
Battle Creek, Michigan.

Our quotations from distinguished American physicians and laymen: Dr. Alexander Wilder, Dr. Leveson, Dr. Foote, Dr. Winterburn, Dr. E. M. Ripley, Dr. T. V. Gifford, Frank D. Blue, Esq., Hon. A. B. Gaston, W. H. Burr, Esq., Washington, D. C., the Rev. I. L. Peebles, Methodist Episcopal Conference, Mississippi, and others. From such English authorities as William Tebb F. R. G. S., W. Scott Tebb M. A., M. D., (Cantab) D. P. H., Dr. Alfred R. Wallace, Dr. Creighton, Dr. Crookshank, Dr. Ross, Dr. Hitchman, Dr. Sir J. W. Pease, Dr. William Rowley, F. R. C. P., John Pickering, F. R. G. S., E. S. S., F. S. A. etc., Dr. T. Mackensie, F. R. C. P. From members of the Parliamentary Commission, and the brainiest men of Europe, are not only copious, but convincing to demonstration. The statistics in this volume, gathered from official reports and tabulated with the greatest care,—are strictly, positively reliable.

The whole trend of the higher thought and study is against vaccination. To this end the learned Rev. I. L. Peebles, of the Mississippi M. E. Conference, says (page 28) in his crisp and stirring booklet, entitled, "Opposition to Vaccination:" "If I had ever suggested to a legislator to enact a law enforcing vaccination, I should repent of it as long as I lived, either for being so cruel or so ignorant. Physicians and legislators who are parties to this filthy, poisonous butchery, and who practice it without having studied it most thoroughly and prayed over it most earnestly, should be ashamed of themselves. Let us remember that it is cruel enough to maim, scar, or butcher a person when he wants us to, but how much more cruel to butcher him by force!"

CHAPTER I.

A BRIEF SKETCH OF VACCINATION FROM JENNER TO THE PRESENT.—PRELIMINARY.

Since the dawn of history the most dreaded scourge of mankind has been the prevalence of Zymotic diseases—small-pox, plague, yellow fever, typhus, scarlatina, diphtheria, etc. In certain years, at particular recurring periods, these diseases contribute a very large percentage to the total death rate, especially among urban populations. They are contemplated in the popular mind as being so swift and merciless, that whole communities stand in helpless terror at their approach! The desolation which has sometimes been reported from distant cities is apprehended to be as complete as that left in the path of a cyclone, or like the cindered remains of a great conflagration. The most dreaded among these zymotic diseases is small-pox, because it is equally present and at home in all climates. But the popular notion that small-pox was a veritable plague until inoculation and vaccination provided a "sure and infallible defence" against it, is altogether erroneous. It is certainly taken far greater account of since the days of Jenner than during the eighteenth century, and there are strong reasons for concluding that the special prominence given to it of late years, is due to the clamor of doctors who desire to have the state guarantee an unfailing resource for fees by making vaccination compulsory.

The people cannot be too often reminded that the native soil wherein small-pox most thrives and fattens, is "filth." It ever follows close upon flagrant violations of the law of cleanliness. Where large populations are crowded in the midst of wretched surroundings, reeking with filth and vicious in their dietetic and drinking habits, there expect a fearful fatality when once the small-pox has entered their foetid precincts. The individual or the community that has a wholesome diet, pure blood, sanitary surroundings, immunity from poverty and freedom from blood poisoning incident to vaccination, need have no more fear of small-pox than from a mild attack of measles. Until scientific sanitation began to engage the attention of state and municipal authorities, the plague returned as punctually to the cities of Europe as small-pox has during the last century. Now the percentage of fatality, not only in small-pox but in all zymotic diseases, is steadily declining, as sanitation becomes more rigidly enforced in crowded districts, in spite of vaccination and other silly and reactionary devices which the doctors from time to time, aided by legislation, continue to inflict on mankind. Alfred Milnes, M. D., M. A., of London, well remarks—"What About Vaccination?" page 17:

"Small-pox is one of a group of allied diseases, called the Zymotics. The name means that the disease is due to a process of fermentation. But for common-sense purposes, it is better to call these diseases by the plain English name of filth diseases. They are diseases which take their rise in filth, which are nature's punishment for filth, which are both frequent and virulent where filth prevails, and which can be cleared away by the clearing away of filth. Now, in the eighteenth century, in the latter part of which Jenner lived, it must be confessed that the English people had not yet awoke to the beauty and the necessity of cleanliness. Filth was universal, and small-pox was terrible. Not so terrible as many persons want to make out, but still a formidable danger."

A. M. Ross, M. D., in his vigorous pamphlet, "Vaccination a Medical Delusion," writes:—

"Wherever the streets are narrow, the lanes and courts filthy; where cesspits abound and filth is allowed to accumulate and ferment; where the weak, intemperate and unclean congregate together, and where the children are ill-fed and badly clothed—there small-pox makes its home and riots in filth and death."

The modes of treatment which have from time to time been invented to combat small-pox, have been for the most part empirical experiments and make-shifts, without any rational foundation in science, which have been abandoned, one after another, but not until thousands of lives were destroyed and hundreds of thousands were cursed with grievous and incurable ailments; not until self-sacrificing reformers had spent valuable lives in assailing the petrified superstitions of doctors and politicians. Once committed to an error, it is amazing with what conservative persistence public bodies will continue to defend it. To repeal a measure once adopted would seem to be a tacit confession of fallibility, and fallibility is a human defect which legislative bodies are slow to admit.

The earliest form of treating small-pox in Europe seems to have been imported from the same region the disease came from, namely, from the far East, which reached England by way of the Saracens at the time of the Crusades, or by way of the Moors who reached Spain. This earlier mode of dealing with small-pox was styled "the red cloth treatment." A priest and physician of the fourteenth century, John of Goddesden, England, wrote a treatise on this form of cure. The patient was wrapped in red cloth, while window curtatins and drapery of red were also provided for the sick room. It was thought this treatment conduced to throw the morbid symptoms out to the surface; and as matter of fact, it was sinless and harmless in comparison to the thrice accursed practice of vaccination.

SMALL-POX INOCULATION.

About eighty years before Jenner's discovery—1721—a practice was introduced in England, called Inoculation, which was accomplished by taking pus matter direct from small-pox patients and introducing it into the blood of healthy individuals. Sometimes the virus was introduced into deep incisions, but more often from the point of the lancet just under the skin. The milder method was introduced by Gatti, a French physician, and adopted by Sutton and Dimsdale in England about 1763.

Small-pox inoculation, the forerunner and parent of vaccination, like its successor, was derived from a superstition practiced by the common people, which has come to be styled "the tradition of the dairy maids." Jenner derived his earliest idea of vaccination—while yet a student of medicine—from a young country woman who had contracted cow-pox. Small-pox inoculation was derived, not from scientific experimentation, but from a superstition practiced by the common people in India since the sixth century. The fad having once become the fashion, the doctors adopted and bowed to it as a fetish which must not be questioned; and after the people had thoroughly learned by sad experience that it was a public curse and not a blessing, rose in revolt against it, still the doctors—who were now reaping a fat revenue from the practice—continued in the vigorous defence of the superstition, and in the persecution and misrepresentation of the reformers who had arisen to overthrow it. Mr. Porter, who was English ambassador at Constantinople in 1755, informs us, (Gentleman's Magazine, for October of that year): "It is the tradition and opinion of the inhabitants of the country that a certain angel presides over this disease. That it is to bespeak his favor and evince their confidence that the Georgians take a small portion of variolous matter, and, by means of scarification, introduce it between the thumb and the forefinger of a sound person. The operation is supposed to never miss its effect. To secure beyond all uncertainty the good will of the angel, they hang up scarlet cloths about the bed, that being the favorite colour of the Celestial inhabitants they wish to propitiate."

We may well inquire: how did this superstition reach England, obtain royal patronage, receive sanction by the Royal College of Physicians, and dominate all classes of society for more than half a century before it was finally overthrown and superceded by another superstition that has not discounted one whit the mischief which the earlier superstition had accomplished? The story may be briefly told. One Timoni, a Greek physician in Constantinople, in a letter addressed to Dr. Woodward, professor of physic, first brought the subject to English notice. This letter was printed in the Philosophical Transactions for 1714. But the real credit—or discredit—of the introduction of the practice into England, was due to Lady Mary Wortley Montagu, whose husband was ambassador to the Porte in 1716. Lady Montagu wrote a friend in England, detailing the process of "ingrafting" as a preventative against small-pox. This famous letter was written in 1717, but the inoculation craze was not fairly inaugurated in England until 1721. In 1724 Steele congratulated Lady Mary for having "saved the lives of thousands of British subjects every year." Voltaire was in England about this time, and became an ardent worshipper of the newly imported fetish. He knew well how to reach the feminine portion of the population of his native France. He assured them that the charms of the ladies of Circassia were due to this ingrafting practice, and that thousands of English girls had adopted this method of preserving their health and beauty. So it was not long before inoculation also became the rage in the kingdom of Louis XV.

In the same year that inoculation reached England (1721), 244 persons were inoculated in Boston, Mass., by Dr. Boylston, of whom six died. Numerous deaths also followed the practice in England, and by 1728 it became quite generally discredited; but in 1740 it again revived, and for thirty years held full sway. This revival was largely due to the luck of two doctors, Robert and Daniel Sutton, who gave minute attention to hygiene, by which their inoculated patients generally went through with a very mild form of small-pox, which all would invariably do under a thorough system of sanitation. But this simple secret was not generally understood in those days, and so the brothers Sutton not only received great credit, but reaped a very handsome profit through their device of cleanliness. Their practice became very popular, receiving patronage from the nobility who paid them immense sums for their services. As small-pox induced by inoculation was infectious, the same as when taken in the natural way, enterprising inoculators persuaded whole parishes to submit to it, so that all having it at once, none would be expected to catch it by subsequent exposure. The rich harvest of money accruing from the practice, therefore, became a powerful motive in the defence and perpetuation of the system, precisely as vaccination today, enforced by legislators and boards of health, gives lucrative employment to a class whose self interest prompts them to every specie of subterfuge and special pleading to perpetuate the compulsory clause in vaccination legislation.

After the fruitless trial of nearly a century, it was discovered that inoculation was sowing the seeds of a long train of diseases, in their most fatal form, communicating infectious complaints from one person to another—cancer, scrofula, consumption, and other more loathsome diseases were spreading to an alarming extent. It was seen and confessed by hundreds of physicians that the net result of this practice was a multiplication of ailments and an enormous increase in the total mortality. Dr. Winterburn, of Philadelphia, writes,—"The Value of Vaccination," page 18:—

"From the most trustworthy sources, however, it is evident that just as now we have epidemics of measles, and other of the zymoses, varying greatly in intensity and fatality, so in the pre-inoculation period there were epidemics of small-pox of great fatality and others of very moderate intensity. But after the introduction of inoculation, the ravages of small-pox increased, not only directly as the result of inoculation, but each new case became, as it were, a centre of disease, from it spreading in every direction, often with great virulence. It spread small-pox just as the natural disease did. It could be propagated anywhere by sending in a letter a bit of cotton thread dipped in the variolous lymph. In this way, not only the number of cases, but, also, the general mortality was very greatly increased. But so hard is it to alter the ideas of a people after they have crystallized into habit, that although it was evident that epidemics of small-pox often started from an inoculated case; and although the most strenuous efforts were made to supersede it by vaccination, inoculation continued to flourish for nearly a century and a half. It was found necessary in 1840 to make inoculation in England, a penal offense, in order to put an end to its use. Even that has not prevented its secret practice by the lower orders, where ideas die hardest, and the rite is even now probably more than occasionally performed."

SMALL-POX INOCULATION.

Some knowledge of the history of small-pox inoculation is important at this time, since it furnished so many exact parallels to the history of vaccination. With few exceptions medical men defended it, made light of its multiform dangers, and held it up to public attention as the great desideratum of the common security and welfare. They juggled with statistics the same as vaccinators do today to defend their practice, pointing out that 18 per cent. of small-pox patients died who took the disease in the natural way, while only one in ninety-one of the inoculated died. But at last the real facts—tragic and unwelcome though they were—confronted both doctor and layman in such a signal and alarming manner, that Parliament was invoked to put an end once and forever to the inoculating rite.

Nevertheless, as we shall presently see, no sooner was this superstition abandoned, than the medical profession adopted another which was destined to curse the world in a ten-fold greater ratio, and while they petitioned Parliament to make the earlier practice a penal offence, they likewise made their new fad obligatory and compulsory. Hence the last estate of the people was made far worse than their first, for now the liberty of the citizen to defend the health of his family was cancelled.

The first Compulsory Vaccination Act passed by Parliament also contained this clause, retiring inoculation to the limbs:

"Any person who shall after the passing of this Act produce in any person by inoculation with variolous matter, or any matter, potency, or thing impregnated with variolous matter, or wilfully by any other means whatsoever produce the disease of small-pox in any person shall be guilty of an offence, and shall be liable to be proceeded against summarily, and be convicted to be imprisoned for any term not exceeding one month."

Arthur Wallaston Hutton, M. A., makes the following significant observation,—"The Vaccination Question," page 14:—

"In the early years of the present century, when medical men, with almost complete unanimity, were seeking to replace the variolous inoculation by the vaccine inoculation, they confessed, or rather urged, that the earlier practice had destroyed more lives than it had saved. And this was undoubtedly true. For not only did the practice inflict the disease on the person inoculated, but that person became a new center of infection, from which small-pox could be and was occasionally 'caught' in the natural way. * * * * * * * We talk of small-pox inoculation, as if it were an uniform practice; whereas it really varied as much as vaccination does now. It might communicate the disease in its most deadly form, or it might do just nothing at all, beyond making a slight sore, which proved, if tested, no defence against subsequent exposure to the infection of small-pox. Disastrous, however, as the practice was—and so clearly is that now recognized that for the last fifty years the practice has been penal—it may be admitted that there was 'something in it,' and that, in the special cases of medical men and of nurses, it might still be resorted to with advantage, if performed in isolation hospitals. For although some constitutions are so susceptible of small-pox (as others are of other fevers) that one attack does not afford security against a second or even a third, the general rule is that one attack does confer subsequent immunity; and a person inoculated when in good health, and when there is no severe epidemic about, might conceivably pass through the ordeal with less risk than if a natural attack of the disease had been waited for and incurred."

JENNER AND VACCINATION.

As we have seen, the inoculation superstition was the chief medical curse of the eighteenth century. It sent multitudes to untimely graves, and permanently impaired the health of other multitudes, since the septic poisoning from within reached the very fountains of life and laid the foundations for a long train of incurable diseases. In the final summing up its pledges were broken and its flattering promises were unfulfilled. Yet vicious as it proved, it was superseded at the hands of Jenner by a fallacy still more monstrous, until the nineteenth century, which, notwithstanding its boasted civilization, has been more cursed by the doctors than was the eighteenth.

Edward Jenner, born in 1749, at Berkley, introduced vaccination in England in 1798. He is credited with the fanciful discovery that by poisoning the blood with cow-pox, a future attack of small-pox would be prevented. This delusion has been so completely disposed of by Dr. Creighton and Prof. Crookshank that I need devote but little space to the Jenner episode. In the first place, Jenner was far from being a learned man. In the department of exact research he was a blunderer, yet his personal qualities were amiable and attractive. He was in the habit of writing verses and had a faculty of making fast friends. His medical degree was confered with the simple preliminary, not of an examination, but the payment of a fee of fifteen guineas to the University of St. Andrews. And his Fellowship in the Royal Society—according to the admission of his latest biographer, Dr. Norman Moor, by a procedure which amounted to a fraud. In the field of natural history, where he made some pretensions, his knowledge was scanty and empirical. His published observations on the cuckoo,—Phi. Trans. Vol. LXXVIII—read in 1788, called out a witty and critical tract entitled, "The Bird that Laid the Vaccination Egg."

In strict truth, Jenner was not the discoverer of vaccination. Many of the common folk in his time, chiefly dairy maids, had already noted the fact that those who took the cow-pox were less susceptible to small-pox; and years before Jenner took the matter up, a Dorsetshire farmer, named Jesty, inoculated his wife and two sons with the cow-pox, in the conviction that this would prove a preventive.

THE COW-POX.

This is a filth disease, a "bad disease" whose original source is in the human degenerate; a disease communicated to the cow's teats by stable boys who not only suffer from the "bad disease," but whose hands are soiled by grooming the greasy heels of diseased and ill-kept horses. Bear in particular remembrance, that the cow-pox is not natural to the bovine species. Bulls and steers are never troubled with it; neither are heifers without the voluntary and conscious agency of man. It is only milch cows that catch the disorder. Dr. George W. Winterburn, whom I have already quoted, writes:—

"This disease which is called cow-pox in cows, is known as grease in the horse. Grease is a disorder resulting from inflammation of the sebaceous glands of the skin, about the heels of a horse, and is properly called eczema pustulosum. The disease originating from a scrofulous condition, supervenes from exposure to wet, and from subsequent lack of cleanliness, and is always the result of carelessness on the part of the groom. The discharge from these vesicular pustules is often profuse, very irritating to the surface over which it flows, and foetid. * * * * This purulent matter, carried on the dirty hands of farm-laborers to the teats or other sensitive parts of the cow, produced the disorder which has been misnamed cow-pox."

And these are the vile forms of corruption, charged with a deadly virus—sometimes horse-grease, sometimes small-poxed cow virus, but more frequently syphilized cow-pox—which Jenner pronounced "a sovereign remedy against small-pox," and who declared to the British Parliament when he applied for his £30,000 reward: "Whoever is once vaccinated with cow-pox is forever afterward protected from small-pox." Yet in spite of Jenner's promises, and notwithstanding the civilized world has been vaccinated and re-vaccinated ad nauseum, the world continues to suffer from small-pox epidemics, just as it did during the inoculation times, while such mitigation as we really enjoy is due--in spite of vaccination--to an increased sanitation observance of more rational habits of living. Following up Jenner's observations, Arthur Wallaston Hutton remarks,—"The Vaccination Question," page 19:—

"His theory was that the disease of the horse's hoof, known as 'horse-grease,' was the source of human small-pox and also of cow-pox; and in this way the relationship was established to his own satisfaction. Neither proposition is true; nor indeed did Jenner care to maintain the truth of either proposition when the merits of vaccination had once become established in people's minds; but the theory justified or seemed to justify him in describing cow-pox as variolae vaccinae or 'small-pox of the cow;' and it is really this theory which has mis-directed pretty nearly all the observations that have been made on vaccination right down to the present day. Sir John Simon, a living authority on the subject, explains that persons vaccinated cannot take the small-pox, because they have had it already; and this belief is still shared by hundreds and thousands of people."

Again the same high authority says:—

"But what is in truth the nature of cow-pox? It is an ailment, not of cattle, but of the cow, as its name implies, exclusively, and of the cow only when she is in milk; and it is further a disease of civilization. It does not occur when a cow suckles her own calf; nor, for that matter, does it occur where cow-stables are kept decently clean. Jenner observed that it did not occur when the milkers were women only; and hence his theory that the disease originated in 'horse-grease,' his assertion being (first stated as an hypothesis, and then, a little lower down, as a thing which 'commonly happens') that the disease was communicated to the cow's teats by a man-milker who had just dressed the diseased horse's heels. Other observers also professed to have noted that the disease only occurred where there were both men and women milkers; but they drew another inference as to its origin, for which they found confirmation in the disease's popular name. Apparently it is in some way due to the friction of the teats by the milker's hands; it occurs spontaneously (i. e. apart from inoculation) only where cows are milked; and its name had reference not to small-pox but to "great-pox," with which its analogy was popularly and correctly discerned. Presumably it is a consequence of its partly human origin that it is so easily (and ordinarily without danger) inoculable on man, which other diseases of animals are not. That, however, is mere conjecture; what is now certainly established beyond all reasonable doubt is that cow-pox bears no pathological relation to small-pox. The similarity in name is the only connection; for, though there is a superficial resemblance between the vaccine vesicles and the variolous pox, the two diseases are really quite distinct. The definite establishment of this fact, which of course upsets the whole alleged scientific basis of vaccination, is due to the labors in recent years of Dr. Creighton and Professor Crookshank, though the real character of cow-pox had long ago been suspected."

In an article communicated to the Academie de Medicine in 1865, by Auzias-Turenne, I quote the following language: "Between syphilis and cow-pox the analogy may be a long way followed up, * * * but, happily, for the vaccinated, cow-pox passes through a rapid evolution, and does not leave virulent remains for so long a time or so frequently as syphilis."

In that thorough and carefully written work of Dr. Creighton, published in 1887, he was the first to demonstrate Jenner's mistake. He set out to find some explanation for the complaints that were continually multiplying of the communication of syphilis by vaccination. The results of his investigations were embodied in the volume, "Cow-pox and Vaccinal Syphilis." His early judgment was that the communication of two diseases by one and the same act was improbable; but as the evidence he accumulated became overwhelming, he at last gave up every doubt that these syphilitic symptoms are part and parcel of the cow-pox itself, which is sure to make its presence felt if inoculated in the system through the ordinary process of vaccination.

In the same year that Creighton published his book, establishing the connection between syphilis and cow-pox, Prof. Crookshank was pursuing independent investigations into the micro-pathology of a cow-disease that had broken out in Wilkshire, which the Agricultural Department of the Privy Council thought might bear some relation to scarlet fever in man. In this investigation, Crookshank also critically examined the nature and origin of cow-pox, with the result that his researches fully bore out and confirmed Dr. Creighton's conclusions. "In fact," says Hutton, "the syphilitic nature of cow-pox is the theory which now holds the field; and it is hardly contested by the advocates of vaccination, who are content to rely solely on the evidence of statistics." How horrid to contemplate!

We are therefore face to face with the gravest, and at the same time the most disgusting, aspect of the whole vaccination problem. Note that the cow-pox is not a natural bovine disease; that only milch cows contract it, and this invariably through human agency. Long before Creighton and Crookshank wrote, it had been suspected by high authorities, that man is not only the medium of transmission of horse-grease to the cow's udder, but that he communicates a loathsome virus from his own person as well. Therefore the horse-grease disease in the cow, is a very different malady from the cow-pox, which is derived from man and from man alone! Let us be frank. A large percentage of vaccination practice has inoculated whole communities with the thrice accursed syphilitic taint, according to the brand or stock of vaccine used; for be it known, that vaccine corruption has now become an ordinary article of commerce, the same as baking powders and "embalmed" beef. I shall hereafter show that the vaccinator can rarely be certain of the quality of his stock, or of the extent of harm that will result from his practice.

The identity of cow-pox and syphilis was first definitely pointed out by Dr. Hubert Boens-Boissan in 1882; and Dr. J. W. Collins in his "Sir Lyon Playfair" pamphlet gives 478 cases of "vaccino-syphilis," details of which have been published by various medical authorities, both in England and on the continent.

When these facts shall be fully realized by a much crucified and long suffering public, it will not take long to put a stop to the compulsory feature of this infamous crime. We shall then no longer submit the bodies of our defenceless children to the assaults of salaried, place-hunting doctors, nor longer tolerate the flagrant usurpations of parliaments and legislatures over our personal liberties and the sacredness of the family circle.

Now, to return to Jenner. His first vaccination was on a boy named James Phipps, who later died of pulmonary consumption. This was in 1787. Two years later he vaccinated his own son, then a year and a half old, with swine-pox, which at that time was considered as protective as cow-pox; and had not this mode been considered too disgusting for popular approval, it would in all likelihood have taken precedence over cow-pox vaccination. Thereafter Jenner repeatedly inoculated his child with small-pox. But being delicate in health he died in his twenty-first year.

Dr. John Hunter, the noted physiologist in Jenner's time, expressed a wise judgment on the de-merits of Jenner's system. He wrote:—

"The introduction by inoculation of mineral or vegetable poisons into the blood is hazardous, and in certain quantities may be destructive; but the introduction of animal products from another living body, be it a man, a cow, or even an ass, is infinitely more pernicious, because allied to it in being vitalized."

In 1797 Jenner made an abortive effort to get his treatise incorporated into the transactions of the Royal Society. Then he turned his attention to the feminine portion of English society, and soon enlisted the enthusiastic support of many ladies of the aristocracy, a number of whom became amateur vaccinators in their respective parishes. In this way the practice was soon made so fashionable, so popular, and lucrative withal, that it soon became the rage among the English people. Even the clergy took it up, one of whom vaccinated three thousand persons in three years. Indeed, vaccination came so near being converted into a religious rite, that christening and vaccination of children were performed on the same day.

After vaccination had been on trial for three years, before people or Parliament had any means of knowing whether Jenner's promise that vaccination would number the days of small-pox, the king signified to his prime minister his wish that Parliament should award to Jenner a benefaction, and the Commons cheerfully responded, voting him £30,000.

When Jenner was confronted with a large number of glaring failures in high life—of cases he had pronounced as "successfully vaccinated," who came down with small-pox, in the confluent form, he came forward with a new doctrine to repel his opponents, viz: "that as cases of small-pox after small-pox were not uncommon, vaccination could not be expected to do more than small-pox itself." Remember, this pitiful plea was not brought forward until the failures of cow-pox to protect had become multiplied and notorious. Dr. W. Scott Tebb, of London, in his valuable and exhaustive work, "A Century of Vaccination," writes, page 16: —

"On all these grounds, I demur to the theory of identity, and hold that small-pox and cow-pox are antagonistic affections—that cow-pox, instead of being, as Dr. Barton maintains, of a variolous, is, in fact, of an anti-variolous nature—that it alters and modifies the human constitution so as to render some individuals wholly, others partially, and for a time, unsusceptible of small-pox.

"At the end of 1798, six months after the publication of Jenner's 'Inquiry,' the case for vaccination stood thus: Most of the children's arms had ulcerated, and the variolous test, in the few cases in which it had been applied, had produced equivocal results. Moreover, all Jenner's stocks of lymph had been lost, so that no further experiments could be made. Dr. Beddoes, of Bristol, in writing to Professor Hufeland, of Berlin, said: 'You know Dr. Jenner's experiments with the cow-pox; his idea of the origin of the virus appears to be quite indemonstrable, and the facts which I have collected are not favorable to his opinion that the cow-pox gives complete immunity from the natural infection of small-pox. Moreover, the cow-pox matter produces foul ulcers, and in that respect is a worse disease than the mildly inoculated small-pox."

NO IDENTITY BETWEEN COW-POX AND SMALL-POX.

In the course of vaccine practice much confusion has arisen from the careless manner of diagnosing the cow disease. A variety of opposing symptoms have long been known to follow in cases of vaccination with pus taken from the cow. Thence it came to be asserted that there was a genuine cow-pox and a "spurious cow-pox." In cases of failure the spurious variety was made to do duty. Jenner held that cow-pox was small-pox of the cow, hence the misleading name he gave it, variolae vaccinae. Dr. George Pearson, a cotemporary of Jenner, objected to this designation, asserting that "cow-pox is a specifically different distemper from the small-pox in essential particulars, namely, in the nature of its morbific poison, and in its symptoms." More recently Dr. George Gregory—quoted by Dr. Tebb—opposed the identity theory.

Winterburn says—"Value of Vaccination," page 41 :—

"Experimenters, entitled to respectful attention, have shown that it is a delusion to suppose that the inoculation of cows with small-pox has ever produced cow-pox; it produces small-pox and nothing else. The small-pox may be induced on the horse or cow by variolation, but the variolous inoculation is never transmuted into grease in the horse, or cow-pox in the cow." This is undeniable.

Dr. Seaton, a high authority, says: "It is quite out of the question that cow-pox on the human subject should have been transformed into small-pox." The two diseases, therefore, being specifically different, neither can have any effect to ward off the other. Why not inoculate with erysipelas to prevent small-pox? It would be just as rational, just as scientific, and to my mind, just as efficient.

Dr. George Wyld, whose acquaintance I made in London, and whom I know to stand very high as author, physician, and scientist, endorses the conclusions of the French Academy. He says :—

"I find that many medical men are under the false impression that all that we require to do is to inoculate the heifer with small-pox matter, and thus get a supply of vaccine lymph. This might become productive of disastrous consequences. Small-pox inoculation of the heifer produces not vaccinia, but a modified small-pox capable of spreading small-pox amongst human beings by infection."

It will hence be seen that a large share of modern vaccination is really only a modified form of inoculation. It is neither cow-pox nor horse-grease, but small-pox propagated from human beings, through calves, to human beings again. This fact, horrible as it is, admits of no denial.

We must therefore accept it as proven: Cow-pox is not small-pox in the cow, but it is "horse-grease" in the cow, whose udder often becomes secondarily infected with syphilis. Therefore when we submit to the official vaccinator, or we shall be treated to inoculation of virus from a small-poxed calf, or to the cow-pox virus often taken from a syphilized calf. Think of it, fathers and mothers, when the "Health Board" closes the door of the schoolroom you are taxed to support, requiring your children to present a certificate of vaccination; requiring that their bodies be submitted to the dangers and degradation of vaccine corruption! May your souls rise up in indignant protest against the sacrilegious invasion of the home which the American constitution has sanctified to liberty; aye, in protest against this infernal rite, becoming the hag of the pit! Think of it, mothers, who would bring your daughters up to be healthy, and clean, and chaste, that your state and city should have delegated the privilege to fee-hunting doctors, to break down the protective walks you have builded about your little ones, and poison the fountains of their life blood with a virus of contagion which may mock your solicitude and disappoint the fondest hopes you have cherished for the future of your posterity. Think of it, ye fathers and mothers of daughters, that your state and municipality should put you under compulsion to observe a rite which is liable to taint those daughters with the virus of the scandalous disease, the out-lawed disease, the disease whose home is the polluted den of the "Stingaree," the disease against which civilization revolts—aye, the disease too loathsome to name, except in whisper! Is it not quite time the curses of the vaccine dispensation were numbered?

SMALL-POX HABITAT.

Small-pox is a disease of towns, of the crowded, filthy quarters of towns. It is a disease of the poor, and particularly of the children of the poor. The average small-pox death rate in towns is fifty to seventy-five per cent. greater than in the country, while towns that have a large proportion of park space are greatly favored over those where this important feature is lacking. The epidemic in England of 1871-72 was notably severe in the mining districts where population is over-crowded.

In the miserable dwellings of the poor, air and light—two most important essentials of health—are woefully deficient. In the beginning of the eighteenth century the government pursued the self-destructive policy of putting a premium on these prime-essentials by taxing the windows of the poor. Every aperture that would admit air or light into a dwelling had to pay for the privilege to exist. Even a window to light a stairway, garret, or cellar, was rated among the luxuries and had to be taxed. So windows could not be afforded by the poor, and which thousands who lived in filth and squalor, did not care to afford. We should hence feel no surprise when we learn that small-pox has always been chiefly confined to the lower strata of society. In Austria it is fitly named the "beggar's" disease, and in all countries it is most at home in crowded and unclean quarters. Concerning the epidemic of 1852, Dr. Rigden writes—"Medical and Surgical Journal, Dec. 22, 1852,—"The most severe cases, and the greatest number, existed, generally speaking, in the districts most thickly populated by the lower orders, and most badly drained."

In the debate on the Compulsory Vaccination Bill in 1853, Lord Shaftsbury pointed out "that the small-pox was chiefly confined to the lowest class of the population, and he believed that with improved lodging houses the disease might be all but exterminated."

After the Warrington epidemic in 1873, the Royal Commission pointed out, that all but eleven of 445 infected houses were rated at less than £16 per annum, and 406 of them at £8 or lower; and Dr. Coupland found at Dewsbury the disease was confined almost exclusively to the filthy working class.

Again, small-pox is a disease of children, like measles and whooping-cough, and predominantly, as already stated, the children of the poor. In the eighteenth century, small-pox mortality in the manufacturing towns fell almost entirely among children under five years of age. In Kilmarnock, from 1728 to

1763, the infant small-pox mortality was 90 per cent. In Manchester, from 1769 to 1774, it was 94 per cent. In Warrington for the same period, 94 per cent., Chester, in 1774, 89 per cent., and Carlisle, from 1779 to 1787, 95 per cent. Hence, in the eighteenth century small-pox was predominantly a disease of infants. This continued to be the case until the 1837 epidemic, when the average percentage fell to about 50 per cent. Since 1873 there has been a marked shifting in the small-pox death rate in England and Wales. Here are the figures from the forty-third annual report of the Registrar General (1880, page 22), quoted by W. Scott Tebb:—

England and Wales.—Mean annual deaths from small-pox at successive life-periods, per million living at each life-period.

	Under 5.	5.	10	15	25	45 up
Vaccination optional, 1847-53..	1,617	337	94	109	66	22
Vaccination compulsory, 1872-80	323	186	98	173	141	58

This increase in the adult mortality, we shall hereafter see, is principally due to compulsory vaccination, and was therefore considered a sufficient ground for the repeal of the law.

SPREADING OF SMALL-POX.

The history of small-pox in Leicester, England, has furnished conclusive testimony that this disease can be kept within narrow limits without any assistance from the hungry army of vaccinators. In 1872 Leicester was a much vaccinated town; but the large small-pox mortality during the epidemic of that year, generated such an emphatic protest against vaccination that the percentage of vaccinations to the number of births began to rapidly decline. By 1885 they dropped down to 39 per cent.; in 1886 to 23 per cent.; in 1887 to 10 per cent.; then to 6 per cent.; and since 1891 has almost entirely ceased. From 1872 to 1895 only 23 deaths from small-pox were recorded for Leicester.

Now in defence of the Leicester system—which is simply a system of thorough sanitation—the report of its medical officer for 1893 tells a story which should be dinned into the ears of every health board throughout the civilized world,—a story of cleanliness as the preventive par excellence of small-pox. Addressing his townsmen, the Leicester health officer said:—

"You are entitled to great credit—more especially in the case of small-pox, which, by the methods you have adopted, has been prevented from running riot throughout the town, thereby upsetting all the prophecies which have again and again been made. I need only mention such towns as Birmingham, Warrington, Bradford, Walsall, Oldham, and the way they have suffered during the past year from the ravages of small-pox, to give you an idea of the results you in Leicester have achieved, results of which I, as your medical officer of health, am, justly, I think, proud." Sanitation is the all-potent watchword.

Writing on the relative value of vaccination, Dr. Scott Tebb remarks,—page 93 of his great work:—

"Not only may well-vaccinated towns be affected with small-pox, but the most thorough vaccination of a population that it is possible to imagine may be followed by an extensive outbreak of the disease. This happened in the mining and agricultural district of Mold, in Flintshire. * * * * Leicester, with the population under ten years of age practically unvaccinated, had a small-pox death rate of 114 per million; whereas Mold, with all the births vaccinated for eighteen years previous to the epidemic, had one of 3,614 per million."

Here is one among hundreds of demonstrations that can be given of the utter worthlessness of vaccination as a preventive of small-pox. If protection is good for anything it should be effective during the prevalence of an epidemic; but we see that is just where the unvaccinated enjoy the greater immunity from an attack of the disease.

Besides filth and overcrowding, hard times and war are prominent factors in the spread of small-pox. In 1684 there were very severe frosts over Europe, followed with a general failure of crops. The poor suffered great privations and discoragement. This was followed the next season with a vast increase both of epidemic fever and small-pox. Then the great small-pox mortality among the weavers in the east end of London in 1719 followed upon a season of great scarcity and loss of employment among these same weavers. Bad harvests in England were also encountered in 1794 and 1795, causing such widespread distress among the poor that Parliament had to take some measures for its temporary relief. The year following—1796—the small-pox fatality swelled to an unprecedented figure, being the largest within the London Bills. Then the harvest failure in 1816 was followed with small-pox and typhus in epidemic form.

War may be set down as another active cause of small-pox, and of zymotics generally. War is always attended with hardship, exposure, over-crowding, anxiety, and an abnormal mental tension. Our losses in the Civil War, on the Northern side, footed up to about 360,000, of whom 110,000 were killed, and 250,000 died of disease; which—in round numbers—62,000 were cases of typhoid; 62,000 died of bowel complaint; 62,000 from throat and lung trouble, and 62,000 from small-pox.

Small-pox in eastern France, among the peasantry in the earlier part of 1870, was only an average amount but late in the year, immediately following the terrible slaughter by invasion of the German army, it broke out with unusual violence. Dr. Robert Spencer Watson took notes on the field round Metz. He writes:—

"November 6, 1870. Then I went to Lessy and Chatel St. Germain, hearing everywhere the same state of distress. All the crops gone, all the winter's firewood gone, many houses destroyed, and numbers needing help in every village. * * * When the mare's hoofs sunk deep, she knocked up bits of flesh, and the stench was so sickening that I should have fainted but for my smelling salts.

* * * * * * * * * * *

"In one place there were fifteen long streets of railway vans, filled with typhus patients; in another as many streets of canvas tents, also filled with sick. I visited these places, and found them in the filthiest state; but the Germans had begun to put them into order. At first, you might see soldiers, in full small-pox, walking about the streets, but this was soon forbidden.

* * * * * * * * * * *

"The main body were encamped outside the walls of Metz, on low ground near the Moselle, the wetness of the season having converted the camping-ground into a morass. In some places the impress of the men's bodies was left as a cast in the mud in which they had lain. Their clothes and their blanket were saturated with mud. Their food for weeks had only been a biscuit and a bit of horseflesh without salt. Dysentery was universal, and typhus and small-pox raged. Over a wide area around the camp the carcasses of dead horses were left to rot and contaminate the air."

Mr. William Jones was in Metz when Bazaine's army surrendered:—"The constant cry of the wretched sufferers for water was distinctly heard outside the square in which they were isolated. All these black typhus patients perished, and were buried in huge trenches outside the walls of the city. * * * Mr. Allen, who was vaccinated, and, he believes, re-vaccinated, took the small-pox, and his own sister, who came over to nurse him, caught the disease from him and died there, and was buried in the cemetery at Plantieres outside the walls of Metz." Dr. Scott Tebb observes: "There is, indeed, some reason to believe that this war was the starting-point of the great European pandemic of small-pox in 1871-72."

The same high authority has furnished the following table, showing the decline in small-pox from 1838 to 1895:—

England and Wales.—Average annual deathrate per million living, from small-pox, fever, typhus fever, and scarlet fever, in five-year periods from 1838-95.

Years.	Small-pox.	Fever.	Typus Fever	Scarlet Fever.
1838-42	576	1,053	—	—
1847-50	292	1,246	—	—

Years.	Small-pox.	Fever.	Typus Fever.	Scarlet Fever.
1851-55	248	983	—	—
1856-60	198	842	—	—
1861-65	219	922	—	982
1866-70	105	850	—	960
1871-75	408	599	81	759
1876-80	82	380	34	680
1881-85	83	273	23	436
1886-90	16	202	7	241
1891-95	24	185	4	182

"Over the whole period it will be found that the small-pox death rate declined 96 per cent., while fever declined 82 per cent. But the most extraordinary feature of the table is the large small-pox death rate in 1871-75, twenty years after vaccination had been made compulsory." Thus from 1838 to 1871 death from small-pox had only abated 29 per cent. while fever diminished 43 per cent.; hence, since the commencement of registration, there was practically a very slight decline in small-pox until 1871-72 epidemic, while the death rate from fever very materially diminished. The cause of this abatement is very plainly stated in the forty-second annual report of the Registrar General (1879):—

"Had the deaths from one or more of this group of causes fallen, while those from others in the same group had risen, or had the fall been trifling, or the totals dealt with insignificant in amount, it might have been suspected that the alteration was a mere alteration in name. But as the deaths under each heading have declined, as the fall in the death rate from them has been enormous—62.4 per cent. in the course of ten years—and as the totals are by no means small, it may be accepted as an indisputable fact that there has in truth been a notable decline in these pests, and it may be fairly assumed that the decline is due to improved sanitary organization."

Here is common sense: "improved sanitary organization," and no class in any community understand this better than members of the medical profession. The only rational explanation, therefore, that can be assigned for the dogged persistance with which they continue to push their accursed vaccination practice to the front is, that it pays.

In Oriental countries—China, India, Egypt,—where sanitation is almost wholly neglected, we have illustrated the utter futility of vaccination to check the fatal strides of small-pox. In the "Report on Sanitary Measures in India in 1879-80," page 142, we read:—

"The vaccination returns throughout India show the same fact, that the number of vaccinations does not necessarily bear a ratio to the small-pox deaths. Small-pox in India is related to season, and also to epidemic prevalence; it is not a disease, therefore, that can be controlled by vaccination, in the sense that vaccination is a specific against it. As an endemic and epidemic disease, it must be dealt with by sanitary measures, and if these are neglected small-pox is certain to increase during epidemic times."

Again, in the "Memorandum of the Army Sanitary Commission for the Punjab" (1879), we read:—

"Vaccination in the Punjab, as elsewhere in India, has no power apparently over the course of an epidemic. It may modify it and diminish the number of fatal cases, but the whole Indian experience points in one direction, and this is that the severity of a small-pox epidemic is more closely connected with sanitary defects, which intensify the activity of other epidemic diseases, than is usually imagined, and that to the general sanitary improvement of towns and villages must we look for the mitigation of small-pox as of cholera and fever."

On this branch of the problem Dr. Scott Tebb sums up as follows:—

"At the present time, compulsory vaccination, by paralyzing efforts in other directions, blocks the way towards sanitary reform. When the laws are abrogated vaccination must, like all other medical prescriptions and surgical operations, rest upon its own merits, or, in other words, on its inherent persuasiveness, unaided by the arm of the law. The practice will then, in my opinion, in the not very distant future be surely abandoned.

"This will prepare the way for a new era of improved health and human happiness, the result of scientific sanitary amelioration in all departments of our social, domestic, and municipal life."

We should not forget that all zymotic diseases run in periods of greater and lesser intensity. This is true of yellow fever, of scarlatina, of typhus, and diphtheria, as well of small-pox; and it is during periods of epidemic intensity that the complete worthlessness of vaccination is brought home to us. In the London Lancet, July 15, 1871, we read:—

"The deaths from small-pox have assumed the proportions of a plague. Over 10,000 lives have been sacrificed during the past year in England and Wales. In London, 5,641 deaths have occurred since Christmas. Of 9,392 patients in the London Small-pox Hospitals, no less than 6,854 had been vaccinated, i. e., nearly 73 per cent. Taking the mortality at 17 1-2 per cent. of those attacked, and the deaths this year in the whole country at 10,000, it will follow that more than 122,000 vaccinated persons have suffered from small-pox! This is an alarming state of things. Can we greatly wonder that the opponents of vaccination should point to such statistics as an evidence of the failure of the system? It is necessary to speak plainly on this important matter."

ZYMOTICS A CONSTANT QUANTITY.

In the history of zymotic diseases we are confronted with the very important fact, that though small-pox seemed to abate after vaccination came into fashion, other forms of zymotic diseases cropped up and swelled the death rate to the same uniform proportions. When one epidemic predominated—as typhus, scarlatina, or diphtheria,—small-pox would be found to be in abeyance; then one after another would manifest epidemic violence, so that the death rate went on with singular uniformity. Given the same conditions the death rate of a people will display the same uniform percentage from year to year, and nothing will vary this number except a change in these conditions. When a whole people improve their sanitary regulations the death rate diminishes and the average duration of life advances. Aggravate these conditions, either by war, famine, or intemperance in its multiform phases, and the death rate infallibly rises to a larger sum total.

This compensatory law is well illustrated in Sweden, where deaths from small-pox in 1825 were 1,243, and from typhus, 3,962; but four years later small-pox only claimed 53, while deaths from typhus rose to 9,264. Then again, in 1846, the small-pox fatality was only 2, while deaths from all causes were 72,683. In 1851 small-pox became epidemic again, notwithstanding very thorough vaccination, when the small-pox fatality rose to 2,448, but the total death rate was almost precisely that of 1846, being 72,506.

The statistics of other countries reveal the same law. In Prague, from 1796 to 1802, the total mortality was 1 in 32, when small-pox fatality was very high; but from 1832 to 1855, when small-pox fatality was extremely low, still the total death rate was 1 in 32 1-3.

Dr. Robert Watt, in 1813, considering the vast number of deaths from small-pox among children, says:—

> "I began to reflect how different the case must be now; and to calculate the great saving of human life that must have arisen from the vaccine inoculation. At this time (1813) above 15,000 had been inoculated publicly at the Faculty Hall, and perhaps twice or thrice that number in private practice."

In eight years (1805-13) little more than 600 had died in Glasgow, of small-pox; whereas in 1784 the deaths by that disease alone amounted to 425, and in 1791 to 607; which, on both occasions, exceeded the fourth of the whole deaths in the city for the year. To ascertain the real amount of this saving of infantile life, I turned up one of the later years, and, by accident, that of 1808, when, to my utter astonishment, I found that still more than a half perished before the tenth year of their age; I could hardly believe the testimony of my senses, and therefore began to turn up other years, but I found it amounted to nearly the same thing. To make the facts clear, let us bring the results of the past three decades together, thus:—

GLASGOW MORTUARY STATISTICS. 1783-1812.

Decade.	From Small-pox.	Measles.	Whooping-Cough.
1783-1792	3,466	211	854
1793-1802	2,894	398	914
1803-1812	1,013	1,655	1,151

Decade.	Children Under Two.	Children Under Ten.	Total Deaths All Ages.
1783-1792	7,293	9,919	17,607
1793-1802	6,277	9,050	16,685
1802-1812	7,120	10,913	20,175

To ascertain how a low small-pox mortality was compensated by other diseases, Dr. Watt divided the years 1783-1812 into five periods, of six years each, and in this way set forth the proportionate mortalities:—

GLASGOW MORTUARY STATISTICS. 1783-1812.

Years.	From Small-pox.	Measles.	Whooping-Cough.
1783-1788	19.55	.93	4.51
1789-1794	18.22	1.17	5.13
1795-1800	18.70	2.10	5.36
1801-1806	8.90	3.92	6.12
1807-1812	3.90	10.76	5.57

Years.	Children Under Two.	Children Under Ten.	Total Deaths All Ages.
1783-1788	39.40	53.48	9,994
1789-1794	42.38	58.07	11,103
1795-1800	38.82	54.48	9,991
1801-1806	33.50	52.03	10,034
1807-1812	35.89	55.69	13,354

—"Diseases of Children," Glasgow, 1813.

Now put these facts by the side of the idiotic—the false assertions of Sir Spencer Wells, that:—

"It may not be generally known, but it is true, that Jenner has saved, is now saving, and will continue to save in all coming ages, more lives in one generation than were destroyed in all the wars of the first Napoleon."

The fluctuations in the death rate between plague and small-pox is strikingly similar:—

MORTALITY FROM PLAGUE IN LONDON, 1604-1651.

Year.	Deaths.	Year.	Deaths.
1604	896	1628	3
1605	444	1629	0
1606	2,124	1630	1,317
1607	2,352	1631	274
1608	2,262	1632	8
1609	4,410	1633	0
1610	1,803	1634	1
1611	617	1635	0
1612	64	1636	10,400
1613	16	1637	3,082
1614	22	1638	363
1615	37	1639	314
1616	9	1640	1,450
1617	6	1641	1,375
1618	18	1642	1,274

1619	9	1643	996
1620	21	1644	1,412
1621	11	1645	1,871
1622	16	1646	2,635
1623	17	1647	3.507
1624	11	1648	611
1625	35.417	1649	67
1626	134	1650	15
1627	4	1651	23

In 1878 Sir Thomas Chambers said in the House of Commons:—

"You cannot show that vaccination has reduced deaths or saved a single life. There may be no small-pox, but the disappearance of small-pox is by no means equivalent to a reduction of mortality."

Thus I might indefinitely multiply illustrations of the truth of this law of constancy which variations in the intensity of specific diseases does not affect. The practice of vaccination therefore is utterly opposed to the plain teachings of sanitary science. It is the most untenable dogma in the whole category of medical theories, which has never been demonstrated to be sanctioned by any ascertained law or principle in the healing art. No precious lives have been saved as the outcome of the vaccine delusion, while just in proportion as it has modified the symptoms of the contagion it professes to save us from, has other and more disgusting forms of zymotic disease multiplied upon the race. Aye, more. It has become an added factor for the wider diffusion of cancer, erysipelas, eczema, carbuncles, tumors, leprosy, and last but not least, to relegate the "bad disease" from its dark, infernal den, domesticate and make it common in the households of the land!

CHAPTER II.

VACCINE STOCK AND COMMERCIAL VACCINATION.

No vaccine stock used since the days of Jenner is entitled to the designation "lymph." Lymph is a natural and healthy fluid that circulates in the lymphatic vessels. All so-called lymph—which is simply vaccine pus—is a collection of blood corpuscles in process of destructive fermentation. The various frauds of vaccine pus are charged with the same specific quality, their chief differences consisting in their relative degrees of rottenness. They are each and all a species of septic poison, no matter how or where they were brewed. The fermenting cells in this vaccine substance abound with pathogenic globular bacteria, of which they are both the active element and chief factor in conveying filthy diseases of the blood and skin to the human body. Through this blood-poisoning ichor, into which the ruthless lance of the vaccinator is daily dipped, the germ of a legion of diseases assault the citadel of health, enters the peaceful precincts of home, and with the connivance and assistance of the politician and legislator, inflicts upon the little children of the land the barbarous and degrading rite whose curse will spread and multiply through generations yet unborn. I now remember, the prophet predicted a "time of trouble" for the last days. He must have had his eye on the vaccinator, and knew full well when he would arrive. Lo! the last days are here, and the trouble predicted is upon us!

That all so-called vaccine lymph contains blood cells has been well known to the medical profession since 1862. Dr. Heron Watson writes (Edinborough Medical Journal, March, 1862): "There is no vaccine matter, however carefully removed from the vesicle, which, on microscopic investigation, will not be found to contain blood corpuscles." Upon this point the statement of Dr. Husband before the Royal Commission said in its report: "The evidence given by Dr. Husband, of the Vaccine Institution of Edinborough, established the fact that all lymph, however pellucid, really does contain blood cells." (Sec. 430.) Dr. Scott Tebb writes, (A Century of Vaccination, page 307): "There is nothing necessarily in the appearance of the vaccine vesicle to lead one to suspect syphilis;" while Dr. Ballard informs us (Prize Essay) that "the perfect character of the vesicle is no guarantee that it will not furnish both vaccine and syphilitic virus."

Let us see how much the guarantee to furnish "pure" vaccine pus is worth. Mr. Farn, director of the National Establishment in England, when put under examination before the Royal Commission, furnished some details that would be well to reflect upon:

"Q. 4,130. You are a medical man, are you? No.

Q. 4,133. Have you made any special study of microbes? No.

Q. 4,154. With such (microscopic) power as you are able to employ would you be able to recognize or distinguish any micro-organisms which might be present? No, I should not.

Q. 4,155. Have any micro-organisms been identified, or stated to have been identified, for such a disease as erysipelas and so on? I am afraid you are going rather out of my depth as a non-medical man.

Q. 4,159. Is there any disease within your experience whose cause you can identify with such microscopical power as you employ? Not that I am aware of.

Q. 4,173. Having regard to what you have told us, do you think it would be possible, from the microscopical examination you made, to guarantee that any lymph was pure? No; I should not undertake to say whether it would be a guarantee that the lymph was pure. I do not know that you could do it.

Q. 4,200. Are we to understand that, as a matter of fact, you have ever guaranteed lymph? No.

It seems, therefore, that there is no such thing known or obtainable as pure vaccine lymph, and it is very significant that as long ago as 1883 the Grocers' Company, by reason of the numerous disasters following vaccination, offered a prize of £1,000 for the discovery of any vaccine contagium cultivated apart from an animal body, but up to the present time the award has not been made. The matter has, however, been settled beyond all dispute by the Royal Commission itself. They say: "It is established that lymph contains organisms, and may contain those which under certain circumstances would be productive of erysipelas." (Sec. 410).

—"A Century of Vaccination," page 269.

It will hence be seen that the commercial sharks who advertise to furnish vaccine lymph "absolutely free from all organisms except the pure vaccine germ," are either as ignorant of the microscope as Mr. Farn, or else through motives for lucre they deliberately deceive the public. Probably both these allegations are true.

"If it be asked, with what shall we vaccinate? the answer would seem to be simple enough—why, with vaccinal virus, of course. But if we ask, what is vaccinal virus? the answer is not readily found; nor is there, even now, after nearly a century of vaccination, any concord in the profession as to the proper material to be used.

* * * * * * * * * * *

"When Jenner first performed the rite, he used cow-pox virus. We have already seen what was the origin of this disorder in the cow, viz., that it was a contagious disease transferred, by careless manipulation, from the heels of the horse to the udder of the cow. Jenner believed that small-pox, swine-pox, cow-pox, and grease were merely varieties of the same disease, as he implied by the name variolae vaccinae. He vacinated his own son with swine-pox. He employed the grease-virus (horse-pox) in a large number of cases, and furnished it to other vaccinators. Acting on his suggestion, the king of Spain, in 1804, ordered all the children in the Foundling Hospital at Madrid to be vaccinated with goat-pox. Jenner claimed that the virus of these and various other animals were all equally efficacious with cow-pox in warding off small-pox. He also used arm-to-arm vaccination, derived both from the cow and from the horse. He therefore practiced five distinct things under the one name of vaccination: (1) Cow-pox vaccination; (2) cow-pox-child vaccination; (3) horse-pox (grease) vaccination, which he denominated as the equination of the human subject; (4) horse-pox-child vaccination; and (5) swine-pox vaccination.

"Although he asserted that grease, cow-pox, and small-pox were all one disease, he made no attempt to prove it by inoculating the cow with variola. But, as early as 1801, Gassner, of Gunsburg, inoculated with variolous virus eleven cows, producing on one of them vesicles having all the characteristics of vaccinal vesicles, and from which 'a stock of genuine vaccine lymph was obtained.' With this small-pox-cow vaccine four children were inoculated, and from them seventeen other children were in turn vaccinated. In the following year (1802) a number of cows were successfully variolated at the Veterinary College at Berlin.

* * * * * * * * * * *

"Beside this variola-vaccine lymph, as it is called, another, and as it is asserted, a new variety of lymph or virus has been imported. This is the celebrated Beaugency stock, which is claimed to be a spontaneous case of cow-pox, untainted with variolation on one hand, or horse-grease on the other.

Thus there are a number of strains of vaccine material:

a. The original cow-pox of Jenner;
b. Equine-pox stock;
c. Swine-pox stock;

d. Goat-pox stock;
e. Variola cow-pox of Ceely, and others;
f. Spontaneous cow-pox of Beaugency.

"Each of these have passed through many transmissions, and to a certain extent have become crossed or intermixed, and with the exception of what is now called 'calf-lymph,' it is impossible for anybody to tell what he is using. This so-called 'calf-lymph' is offered in two varieties. One of these is claimed to be inoculation from the Beaugency stock, which it is confessed, is of unknown origin, and which from the mildness of the vaccine-disorder which it sets up, is of dubious value.

"The other variety of 'calf-lymph' is derived from small-poxing a heifer, and from the vesicles thus produced calves are inoculated; these in their turn furnishing the 'lymph' or virus for the human subject.

"This furnishes two more varieties of vaccine material:

g. Calf-Beaugency stock;
h. Calf-small-pox-cow-pox."

—"The Value of Vaccination," pages 37-39, Winterburn.

"When the Royal Commission on Vaccination was reluctantly conceded by the late (Conservative) government in April, 1889, the medical profession was (and still is) in a state of hopeless confusion as to the merits of the various vaccines introduced and recommended by rival purveyors. One variety is used in Germany, another in France, a third in Belgium, and in England all have been tried more or less. It was suggested by the medical press that the Royal Commission should deal with this much vexed phase of the vaccination embroglio; and after the evidence of Dr. Cory, Dr. Gayton, Mr. Farn, and other vaccine experts, it was anticipated the commission would have made a pronouncement on the subject. This professional expectation has not been realized. To illustrate the extent of this medical confusion, and for the information of those who contemplate subjecting their children to the vaccine operation, the writer subjoins a list of some of these vaccines:

(1) The original Jennerian Virus, or Horse-grease Cow-pox.

(2) Woodville's spontaneous Cow-pox Virus, contaminated with small-pox.

(3) Swine-pox with which Jenner inoculated his eldest

son. 'Swine-pox' has no relation to a pig's disease; but is only an old name for the mildest form of small-pox, called also the white small-pox, or pearl-pox. (Crookshank, 'History and Pathology of Vaccination,' Vol. I, page 287.)

(4) Horse-pox or horse-grease passed through the cow.

(5) Spontaneous Cow-pox—the Gloucestershire brand.

(6) Ceely and Babcock's lymph—small-pox passed through the cow.

(7) The Beaugency Virus.

(8) The Passy Virus.

(9) Dr. Warlomont's Calf-lymph, in points, tubes or pots of pomade as supplied to the Royal Family in England.

(10) The Lanoline vaccine or vesicle pulp invented by Surgeon-Major W. G. King, and used extensively in India and Burmah.

(11) Donkey-lymph, the discovery of Surgeon O'Hara, and strongly recommended to municipalities in India.

(12) Buffalo-lymph, recommended in India as 'yielding more vesicle-pulp than calves,' but chiefly conspicuous for its abominable odor.

(13) To these must be added the lymph passed through numberless more or less diseased human bodies, which has been shown by high authorities to be capable of spreading leprosy, syphilis, and other loathsome and incurable diseases."

—Anti-Vaccination League Circular.

Dr. Warlomont, of the Government Vaccine Depot, Belgium, advises medical practitioners, when families apply for vaccination, to require such families to furnish their own vaccine material, thus making the family take the risk while the doctor pockets the fee.

THE TRUE CHARACTER OF ALL ANIMAL "LYMPHS."

Since one form of vaccination after another has been tried and then abandoned because of the evil effects which followed, still the doctors and vaccine-farm firms have found the practice far too profitable to think of abandoning it; and so from time to time they announce the discovery of a new brand of vaccine material, which they guarantee a gullible public to be double proof against the remotest possibility of danger, and an absolute safeguard against small-pox. "Pure Calf-lymph" is at present the harmless elixir which vaccination promoters offer in the market. Just how this "lymph" is manufactured is one of those mysteries which the vaccine firms never impart to their patrons; and whether the secret is out or not, I know the nature and habits of the species, and propose to throw a search-light upon it long enough to allow the general reader to note a few items regarding its behavior.

We have already seen that all vaccine material is animal pus, which is animal tissue in process of decomposition or retrograde metamorphosis—but a small remove from absolute rottenness. In other words, it is the serum of a particular disease thrown out upon the skin, and this putrifying serum invariably contains a specific virus, a putrefactive or septic poison, no matter in what way the putrefaction of animal tissue has been induced. The vaccine pus may be charged with one or a dozen forms of septic poison, according to the nature of the putrifying tissues which have contributed to its production. Nor is the danger lessened, but rather augmented, by subsequent transmissions, as every additional channel through which it passes will contribute its own taint of involved disease.

Dr. T. V. Gifford, of Kokomo, Ind., in an address before the Anti Vaccination Congress in Paris (1889), professes to have learned at least one method of producing vaccine calf-lymph. He says:—

"A Boston medical student, whom I had long known as a reliable gentleman, voluntarily informed me how they produced bovine virus at the Boston vaccine farm, where students are permitted to see the whole operation. He said they shave the hair from the udder of the heifer with a razor, then scratch or bruise the udder with a steel-tined instrument and leave it to fester simply from the bruising. Now put this with the following which I have already quoted form Dr. Spinzig—'Vaccination is tantamount to inoculation and is septic poisoning'—and this from the little Philadelphia book afore mentioned—'that vaccine virus has no special properties inherent to it'—and this from another scientific writer—'All pus of animal organisms has the same specific quality and differs only in strength and degrees of rottenness or development'—and you have a solution of the whole question, which is simply this: It makes no difference how the pus is produced, whether by bruise, wound or introduction of other pus or other foreign poison. The degree of virulence of the pus is governed by the character of the tissue out of which it is formed and the length of time it remains in the sore."

Again, "Animal lymph is admitted to be too active, especially in tropical countries, to be used direct; and in general, therefore, it is available only after one or two removes, when it carries with it diseases both animal and human, as has been shown in evidence before the Royal Commission on Vaccination."

—"Leprosy and Vaccination," page 181, Wm. Tebb.

On this important phase of the vaccination question I will cite a number of authorities who are at the very summit of the medical profession, most of whom will be found quoted in Dr. Scott Tebb's excellent work, "A Century of Vaccination."

The London Lancet (June 22, 1878), in a criticism of Dr. Henry A. Martin, observes:—

"The notion that animal lymph would be free from chances of syphilitic contamination is so fallacious that we are surprised to see Dr. Martin reproduce it, and so contribute to the perpetuation of the fanciful ideas which too commonly obtain on the origin of vaccino-syphilis.

"Dr. Henry M. Lyman observes: 'It is certain that the disturbances, produced by the use of a virus which has been newly derived from the cow, are generally much more marked than the effects which follow the use of a more perfectly humanized lymph.' "

—"American Medical Times" for March 8, 1862.

"But there is a special vesicular vaccine eruption attending the acme and decline of the vaccine disease. The Germans have called it 'Nachpocken.' I have often, nay almost always, seen it as a secondary eruption on the teats and udders of the cows immediately before and after the decline of the disease in them. The same I have repeatedly seen in children, especially in the early removes from the cow; and still continue at times to witness it, to the great temporary disfigurement and annoyance of the patient, and the chagrin and vexation of the parent. It is essentially a genuine vaccine secondary eruption. I have witnessed it in vaccinating the dog. I have colored illustrations of this secondary eruption in man and animals, and have seen some severe and a few very dangerous cases in children where the skin and visible mucous membranes were copiously occupied with it."—Dr. Scott Tebb, page 367.

"Vaccination with bovine lymph has brought to light a series of phenomenal symptoms, except to those medical men who have kept fresh in their minds the descriptions of Jenner and the early writers. Jenner described the disease caused by early removes from the cow, and he consequently gave a picture of only the intensest forms of it, in his 'Inquiry' and 'Further Observations.' A glance at the colored engravings in Jenner's great work, in Woodville's, Pearson's, Bryce's, Willan's, and all others, shows that the vesicle was larger and the areola more intensely red than in the cases familiar to us up to the time of the introduction of the Beaugency lymph. The reader of the early vaccinographers can hardly believe there was not some exaggeration in their descriptions of the serious constitutional symptoms, and the bad ulcers which sometimes succeeded vaccination; ulcers so bad, indeed, that they had to be treated with solution of white vitrol."

—Dr. Thomas F. Wood, New Jersey.

"In the report of the Oxford Local Board to the New Jersey Board of Health, Dr. L. B. Hoagland, in referring to an epidemic of small-pox, says: 'About fifteen hundred persons were vaccinated during its prevalence, one-third of them with humanized virus, and the remainder with non-humanized bovine virus, the constitutional effect being much the more marked when the latter was used. One child, of five years, lost its life by taking cold in her arm; gangrene set in, and she died from septicaemia. Some of the sores were three or four months in healing."

"In my use of bovine lymph it was observed that the vaccine vesicle resulting was much larger, the areola and inflammatory induration were more extensive, the crust large, flat, and thin, generally ruptured, and came away before the sore was cicatrised. In two instances the inflammatory action was so high that the vesicle sloughed out en masse, leaving a deep ulcer."—Dr. E. J. Marsh, Board of Health, Patterson, N. J., 1882.

Dr. George B. Walker, of Evansville, Ind., writes: "The bovine lymph was more violent and caused troublesome ulceration and sometimes eruption over the body."

In the Journal of Cutaneous and Venereal Diseases Dr. Morrow bears out the almost universal opinion of medical men in the United States when he says: "The experiences of the profession in this country with bovine lymph shows that it is slower in its development, more intensely irritant in its local and constitutional effects, and more prolonged in its active continuance."

Dr. Alexander Napier, assistant to the professor of Materia Medica, Glasgow University, and physician to the skin department, Anderson's College Dispensary, calls attention to a certain remarkable group of skin eruptions, which he finds reported in the American journals, and with scarcely an exception they related to cases where animal lymph was used. He first refers to instances reported by Dr. Rice in the Chicago Medical Journal and Examiner for February, 1882, in which that gentleman states that "about one in ten of all vaccinated have bad arms, with a high grade of fever, and eruption resembling somewhat that of Roseda or German measles."

—Dr. Scott Tebb, page 373.

Dr. Pierce, quoted by Scott Tebb, writes: "Judging from the number of times I have been questioned by anxious parents on the meaning of these eruptions, I believe with Dr. Holt that the fact of their liability to follow vaccination should be widely known."

"In nearly every instance I have mentioned in which spontaneous generalized eruptions followed vaccination, the lymph used was animal lymph, not humanized lymph. What does this indicate? That, as Dr. Cameron, M. P., once argued before this society, the nearer the virus to its original source in the days of Jenner, the stronger it is, and the more efficient the protection it affords? Without venturing to give any opinion as to the greater efficacy of calf lymph vaccination as a prophylactic against small-pox—a matter which can only be settled on the basis of a wide statistical inquiry—it seems very clear that in animal lymph we have a more powerful material, one which more deeply and obviously affects the system than our ordinary humanized lymph, if the degree of constitutional disturbance is to be taken as an index of the effectual working of the virus."

—Dr. Napier, Glasgow Medical Journal, June, 1883.

More recently we find in an article on "Small-pox in San Francisco," by Dr. S. S. Herrick, the following remarks: "Besides the uncertainty of the bovine virus, there are other features of common occurrence, which are not pleasant and which are not found in the human product. The sores are apt to be quite serious in character; a considerable eruption on the body is liable to take place; and the points of vaccination frequently develop a raspberry-like excrescence (sometimes a true ecchymosis) which may remain for weeks, and is often mistaken by the inexperienced for the normal result of vaccination."

GLYCERINATED LYMPH.

When the "pure calf-lymph" was found to be uniformly harsh in its effects, and to be attended with extensive eruptions and ulceration, a new device was invented by the manufacturers of the vaccine stock for commercial purposes—a device to still further mask its insidious and destructive work. This was to add glycerine to the so-called lymph, which, it is claimed, destroys all micro-organisms except the vaccine germ that is wanted. In the first place, this is an admission that the lymph without the glycerine, which had already been in use for years, really contained micro-organisms in addition to the vaccine germs, which therefore embraced a real element of danger; and in the second place, the virtues claimed for glycerine are pure assumption, without a shadow of evidence to sustain it.

"The perennial cry of public vaccinators (when they are confronted with the results) is that the lymph is 'unsatisfactory.' Animal lymph is often attended with excessive inflammation, and the practitioner is obliged to dilute it with glycerine, lanoline, and other substances, and its use is much more expensive. Moreover, a good deal of the so-called animal lymph in vogue is only arm-to-arm vaccine, inoculated into calves, buffaloes, sheep, and donkeys, and partakes of the diseases both of man and of animals. Of the many cases of ulcerative and of fatal vaccination which have come under my notice during the past twenty years not a few have been due to the use of carefully selected animal vaccine."—"Leprosy and Vaccination," page 381. Wm. Tebb.

"Dr. Lurman, of Bremen, gives an account of an epidemic of catarrhal jaundice in 1883-84, in a large ship-building and machine-making establishment in that town, which is of interest from the fact that the patients had been re-vaccinated with glycerinated lymph. One hundred and ninety-one persons were attacked. The disease began with symptoms of gastric and intestinal catarrh, which persisted a week or more, until jaundice appeared. The symptoms comprised epigastric oppression, anorexia, vomiting, faintness, and there was usually constipation. Yellow vision occurred in a few instances. In one case the patient suffered from general dropsy with cerebral symptoms, but none of the cases were fatal. Eighty-seven persons in the establishment, who were re-vaccinated by other surgeons and other lymph, remained unaffected. Dr. Edwards, who relates these cases in the London Medical Record of April 15, 1885, (Vol. XIII, page 142), remarks that the epidemic 'was causally connected with the re-vaccination, in some way or other."

"A feature of glycerinated lymph appears to be that, when it takes, great intensity of action is observed, both local and general. Thus Dr. James Cantlie refers to 'much constitutional disturbance' produced by Japanese lymph. I may also allude to an article by Dr. Robert J. Carter. He details the results of 319 re-vaccinations with glycerinated calf-lymph. He observes that in 106 of the patients the axillary glands were 'large, hard, and tender, and in some instances exquisitely painful;' in three of the cases the glands above the collar-bone were also affected.

In nine cases lymphangitis was present, the lymphatic vessels being felt as hard, swollen, tender cords along the course of the axillary vessels. In ninety-eight of the patients there was œdema and induration of the arm, and these manifestations were of a 'curiously persistent character.' Dr. Carter remarked that they were apparently dependent on the intensity of the local inflammation at the site of the vaccination."

"Abundant evidence of the danger of glycerinated lymph is adduced in Appendix IX to the Final Report of the Royal Commission. The cases are, of course, mostly erysipelas or of a septic nature; and, without including those of a less severe character, they number 84, and of these no less than 24 were fatal."—"A Century of Vaccination," Dr. Scott Tebb, page 382.

"I emphasize the point, that no lymph, whether human or animal, or adulterated with other substances, can be guaranteed as free from danger."—Ibid., page 386.

"Glycerine is a nutritive medium for the growth of putrefactive and other germs and being fluid, the germs soon pervade it throughout; and, as a fact, this preparation (glycerinated lymph) in India soon becomes putrid and septically dangerous."
Indian Lancet, March 4, 1897.

Dr. T. S. Hopkins, of Thomasville, Ga., wrote a communication concerning the results that followed the use of "patent solid lymph:"—

"Our town authorities have employed a physician to vaccinate all persons who present themselves for the purpose. The virus was procured from the New England Vaccine Company, Chelsea, Mass., as 'bovine matter.' The result has been fearful. Nearly every one vaccinated has suffered severely from erythema or erysipelas, the arm swollen from shoulder to wrist, and the point of puncture presenting the appearance of a sloughing ulcer, discharging freely sanious pus. Many of the sufferers have been confined to bed, with high fever, from five to ten days, requiring the constant application of poultices to the arm, and a free use of morphia for the relief of pain. I deem it my duty to inform you of the result here from the matter used and from whence it came. It came in cones, each one said to contain enough to vaccinate one hundred persons, at a cost of one dollar per cone. Those who have tried it tell me they would much prefer to have small-pox."—From the National Board of Health Bulletin, Washington, D. C., March 4, 1882.

"We have no known test by which we could possibly distinguish between a lymph which was harmless and one which was harmful to the extent of communicating syphilis."—Dr. Crookshank, Professor of Pathology and Bacteriology.

Thus I might multiply testimonies indefinitely regarding the wide-spread injury which has followed the use of all forms of animalized and humanized grades of vaccine material. Glycerinated lymph and all modern brands of vaccine stock are only new devices to make an old discredited virus acceptable; and the chief reason why they continue to be inflicted on the long suffering public, is because that public have no intelligent understanding of the insidious effects or the grave dangers that result from this ruinous practice.

Neither the parent or the doctor has any means of judging the quality of the vaccine virus used, since it is an article of commerce; and its production is not only associated with mercenary motives, but with empirical science as well. Commerce has usurped the field here as everywhere else, and the doctor—who is merely a "middle man" between the vaccine dealer and the vaccinated—knows no more about the composition of his stock, either in its occult properties or vital chemistry, than he does about his baking powders or canned beef; whether the former are free from alum adulteration, or whether the latter has passed through the hands of the embalmer. We know at least that from first to last the whole consignment of horse-grease-cow-pox-syphilized-vaccine pus is now, has been, and is destined to continue the most damnable stuff that was ever admitted into the category of commercialized medical practice. We may soon expect that the various vaccine farms will be massed into one gigantic trust, with a lobby at Washington and money to secure federal enforcement of a more stringent compulsory vaccination act for the entire country!

"And the beast causeth all * * to receive a mark on their arm * * and no man might buy or sell, save him that had the mark * * and there fell a noisome and grievous sore upon such as had the mark of the beast."—Rev. xvi-2.

Every child successfully vaccinated will carry on its body the scar—the brute-caused scar, the grievous sore, the scar of the "beast" till death.

CHAPTER III.

VACCINATION FAILS TO PROTECT.

The flattering promises made by Jenner and other advocates of his school, that cow-pox is an absolute and infallible protection against small-pox, we have repeatedly seen is contradicted by the concurrent testimony of the highest medical authorities in all civilized countries, as also by the facts with which we are daily confronted, but more especially in seasons of small-pox epidemic. During the last twenty years all the leading countries of the world have expended every effort to render vaccination general and complete. Compulsory laws have been enacted, an army of vaccinators put into the field, tens of thousands of prosecutions have been brought, together with fines and imprisonments, against those who refused to comply with the provisions of arbitrary legislation, and millions of dollars have been expended to make vaccination universal. And I ask, what beneficent result has been accomplished by this unparalleled vigilance and expenditure? None. The average death rate from zymotics has not diminished, except where improved sanitary regulations have been adopted, and even there small-pox has not diminished in a greater ratio than scarlatina or diphtheria, as it should if the claims for vaccination had any valid basis or justification in recorded facts. Just in proportion as vaccination has modified the symptoms of small-pox it has aggravated other forms of infection, as will be amply shown in the course of this discussion. And had not improved sanitation gone forward as a counteractive cause, the destructive effects of vaccination would have been far more manifest than what has already been recorded, bad as that record has been. Sanitation has acted as a powerful check to the otherwise rapid multiplication and spread of zymotic diseases.

Jenner himself found that those whom he vaccinated were not only subject to small-pox, but that they were sometimes attacked twice with the disease. Then he advised re-vaccination, and finally re-vaccinated his patients once a year. He made a marked distinction between efficient and non-efficient vaccination. Its potency was not regarded as proved until the constitution was unmistakably affected with the vaccine disease. Finally "due and efficient" vaccination meant great in amount and distinct in quality, i. e., often repeated, and vitally disturbing. As a matter of fact, if people had the small-pox under similar conditions that they usually have the swine, horse-grease, or cow-pox, it would be scarcely less disturbing, but like all zymotic diseases, the soil for small-pox is prepared by filthy living, intemperance, over-crowding, poverty, war, etc., until the populace is charged with infection to the point of explosion; then it breaks out with epidemic intensity as small-pox, typhus, or plague, according to the preponderating quality of the infection accumulated. Then a miracle is expected from the performance of a degrading rite, but the miracle is never performed, since during an epidemic small-pox ruthlessly treads down its victims without taking any note of the "vaccine-mark" on the arm, so much relied on as a talisman or magic charm against the disease! Florence Nightingale combined experience and common sense in this domain far better than nine-tenths of the doctors. She says:—

> "I was brought up both by scientific men and ignorant women to believe the small-pox, for instance, was a thing, of which there was once a first specimen in the world, which went on

propagating itself, just as much as there was a first dog, or pair of dogs; and that the small-pox would not begin itself any more than a new dog would begin without there having been a parent dog. Since then I have seen with my eyes small-pox growing up in first specimens, in close rooms or over-crowded wards, where it could not by any possibility have been caught, but must have been begun. Nay more: I have seen diseases begin, grow up, and pass into one another; with over-crowding, continued fever; with a little more over-crowding, typhoid; with a little more, typhus, and all in the same ward or hut."

COMPARISON OF SMALL-POX DEATHS.

YEAR.	NEW YORK. NO VACCINATION.	LONDON. VACCINATION THE FASHION.
	PER HUNDRED THOUSAND LIVING.	
	DEATHS.	DEATHS.
1804	169	61
1805	62	163
1806	48	110
1807	29	122
1808	62	108
1809	66	106
1810	4	106
AVERAGE	63	111

In 1820, that is, before Jenner's death, it was said: "Cases of small-pox after vaccination have increased to such an extent, that no conscientious practitioner can recommend vaccination as affording a certain security against the contagion of small-pox."—"Gazette of Health," London, 1820.

In 1828 there was a severe epidemic in Marseilles where 2,000 were attacked with small-pox, who had been vaccinated. In the epidemic of 1831, in Wirtemburg, 955 persons were attacked with small-pox—all vaccinated.

"The matter has been looked into by Dr. Creighton and by Prof. Crookshank as far as its pathological aspect is concerned; and the conclusions towards which we are pointed in this, that while vaccination is not, and from the nature of the case cannot be, a specific prophylactic against small-pox, yet a severe attack of cow-pox, or, in other words, vaccination followed by considerable constitutional disturbance, is likely to prove, while the febrile symptoms still last, antagonistic to the small-pox infection, and, so far, affords a temporary protection against it. Probably the same is true of any other disease that produces constitutional disturbance with febrile symptoms. We must, moreover, bear in mind that many persons, apart from vaccination, had been known to show constitutional insusceptibility to the variolous inoculation, and that inoculation itself was often enough a mere formality, producing no results; and this was extremely likely to be the case when the operators were anxious that no results should be produced. Add to this the enthusiasm for the cause, which, unless Jenner and his fellow-workers had been more than human, would lead them, without conscious dishonesty, to make no record of experiments that failed, and we have perhaps a fair explanation of the whole business; but it is not altogether a satisfactory one; and it is difficult not to regret that similar experiments cannot be repeated now under conditions involving publicity, as that would really settle the whole controversy."—"Vaccination Question," Arthur Wallaston Hutton.

"The small-pox is making still greater havoc in the ranks of the Prussian army, which is said to have 30,000 small-pox patients in its hospitals."—"London Morning Advertiser," Nov. 24, 1870.

"The United States frigate Independence, with a ship's company of 560 persons, there were 116 cases of small-pox, seven fatal. The crew of this ship almost universally presented what are regarded as genuine vaccine marks. The protection, however, proved to be quite imperfect."— U. S. Navy Department Reports, 1850.

"In a cruise of the North Carolina up the Mediterranean, she shipped at Norfolk a crew of 900 men, most of whom had been vaccinated, or had the small-pox, but were nevertheless twice vaccinated prior to the ship sailing, a third time at Gibraltar, and a fourth time at Port Mahon. Dr. Henderson, who reports these facts, states that notwithstanding this ultra vaccination under such various circumstances of virus, climate, etc., 157 of the crew had varioloid."—Ibid.

In New York (1870-71) the health department reported:

"This extraordinary prevalence of small-pox over various parts of the globe, especially in countries where vaccination has long been efficiently practiced; its occurrence in its most fatal form in persons who gave evidences of having been well vaccinated, and the remarkable susceptibility of people of all ages to re-vaccinations, are new facts in the history of this pestilence, which must lead to a re-investigation of the whole subject of vaccination and of its claims as a protecting agent."—Dr. Winterburn, page 73.

In 1882 small-pox was epidemic in Baltimore. The victims were principally foreigners, crowded together in the most filthy quarter of the town. In a crowded tenement from fifteen to twenty cases were often reported. In a single month (January) over 162,000 persons were vaccinated by the city physicians. There were 4,930 cases, of which 3,506 were children. The deaths amounted to 1,184, of which 959 were children—about 78 per cent. This, together with hundreds of other instances that might be cited from crowded centers of population, proves vaccination a complete and glaring failure in times of small-pox epidemic—the only time when such protection is needed.

When the great London epidemic raged (1871-72), 96 per cent. of births were registered as vaccinated, yet there were 11,174 cases of small-pox in the London hospitals. At the same period 17,109 cases were reported in Milan, of which but 278 were classed as unvaccinated. In the French army during the Franco-Prussian war, 23,469 cases were recorded, every one of which had been vaccinated, and a large proportion re-vaccinated. Dr. Bayard, of Paris, says: "Every French soldier on entering a regiment is re-vaccinated; there are no exceptions."

Sir Henry Holland reluctantly admits that "The circumstances, of late years, have greatly changed the aspect of all that relates to this question. It is no longer expedient, in any sense, to argue for the present practice of vaccination as a certain or permanent preventive of small-pox. The truth must be told as it is, that the earlier anticipations on this point have not been realized."

"From childhood I have been trained to look upon the cow-pox as an absolute and unqualified protective. I have, from my earliest remembrance, believed in it more strongly than in any clerical tenet or ecclesiastical dogma. The numerous and acknowledged failures did not shake my faith. I attributed them either to the carelessness of the operator or the badness of the lymph. In the course of time, the question of vaccine compulsion came before the Reichstag, when a medical friend supplied me with a mass of statistics favorable to vaccination, in his opinion conclusive and unanswerable. This awoke the statistician within me. On inspection, I found the figures were delusive; and a closer examination left no shadow of doubt in my mind that the so-called statistical array of proof was a complete failure."—Dr. G. F. Kolb, Royal Sta. Com., Bavaria.

The Registrar General (England), in his official report for 1880, points out some very important facts, namely, that the reduction in the sum total of zymotic diseases for the previous decade, should be put down to the credit of improved sanitation. The death rate from fever fell nearly 50 per cent.; that of scarlatina and diphtheria, 33 per cent., while small-pox alone increased 50 per cent., and this when vaccination was general and thorough. This proves that vaccination has no appreciable effect to check the progress of small-pox when it becomes epidemic. We also have here an illustration of the law, already pointed out, that when one zymotic disease is epidemic the others are in abeyance to the extent that the total death rate is not sensibly affected.

The "London Lancet" (1871) says, editorially: "Those who have been building up in their imagination a great and beneficent system of state medicine, under which the great causes of diseases were to be controlled, must abate their hopefulness. It must be admitted that the existing system of public vaccination has been sadly discredited and almost mocked by the experience of the present epidemic."

In a speech in the London Vaccination Conference (1881), Dr. Bullard—with a salary of $3,500.00 as public vaccinator—said: "If it were not for the interference of such small-pox epidemics as that of 1871, the records of vaccination would be perfectly satisfactory." Dr. Robinson retorted: "Dr. B. reminds me of a bankrupt who avowed he would be perfectly solvent, if it were not for his confounded losses." Aye, it is during a money-crisis that the solvency of a bank is tested; and it is likewise during a small-pox epidemic the value—or total lack of it—of vaccination is tested. If at this critical period it fails to protect, it is thereby not only proved to be utterly useless, but an unmitigated curse; for it not only fails to yield any benefit, but it charges the bodies of its unnumbered victims with a virus, the effects of which the most thorough sanitation will only partially counteract.

Here are some figures:

SMALL-POX DEATHS IN LONDON.

1851-60	7,150
1861-70	8,347
1871-80	15,551

The deaths in England from the last three great epidemics of small-pox were:

	Deaths.
1857-9	14,244
1863-5	20,059
1870-2	44,840

This is vaccinated London; this is vaccinated England, and observe that the last curse was far more grievous than the first—twenty years earlier.

Florence Nightingale writes that "Every one who knows anything of public health questions, will agree as to the practical unity of epidemics and their determining causes, and that exemptions from all alike must be sought, not by any one thing, such as vaccination, but by inquiring into and removing the causes of epidemic susceptibility generally."

HARD BLOWS BY PROFESSOR WALLACE.

One of the ablest writers and thoroughly scientific men in England—Prof. Alfred R. Wallace—has enrolled himself on the side of reform, and has recently written and published (1898) one of the best books on the vaccination controversy which has appeared within the history of the agitation—"Vaccination a Delusion." This has been published both as a separate volume, and also embodied in his latest work—"The Wonderful Century," where it is receiving a wide circulation. Prof. Wallace has made a thorough study and analysis of the statistical problem as it relates to vaccination and to small-pox, and arranged the results in diagramatic form—twelve diagramatic maps—the only form in which statistics show the exact truth at a glance. I am more than pleased to have access to such an ample and thoroughly reliable source of information, and shall embody some of Prof. Wallace's results in these pages:

He critically examined the early tests employed by the advocates of vaccination to prove the protective influence of the practice, and points out the fallacy and complete inefficiency of these tests. Moreover, he urges that the real test would have been to inoculate with small-pox virus two groups of persons of similar age, constitution and health, one group having been vaccinated, the other not, and none of them having had small-pox. Then have the results carefully noted and reported by independent experts. But such practical tests have never been instituted by the apologists and defenders of the practice.

The Board of the National Vaccine Establishment, appointed in 1808, consisted of the president and four censors of the Royal College of Physicians, and the master and two senior wardens of the College of Surgeons. Speaking of this board, Prof. Wallace observes:—

"The successive annual reports of the National Vaccine Establishment give figures of the deaths by small-pox in London in the eighteenth century, which go on increasing like Falstaff's men in buckram; while in our own time the late Dr. W. B. Carpenter, Mr. Ernest Hart, the National Health Society, and the Local Government Board make statements or give figures which are absurdly and demonstrably incorrect. * * * The unreasoning belief in the importance of vaccination leads many of those who have to deal with it officially to concealments and mis-statements which are justified by the desire to 'save vaccination from reproach.'"

Next Prof. Wallace cites two cases which shows the unscrupulous special pleading of members of the National Vaccine Establishment—the recklessness in making assertions which scorns the slightest attempt at verification:—

"In the first edition of Mr. Ernest Hart's "Truth About Vaccination" (page 4), it is stated, on the authority of a member of Parliament recently returned from Brazil, that during an epidemic of small-pox at the town of Ceara in 1878 and 1879, out of a population not exceeding 70,000 persons there were 40,000 deaths from small-pox. This was repeated by Dr. Carpenter during a debate in London, in February, 1882, and only when its accuracy was called in question was it ascertained that at the time referred to the population of Ceara was only about 20,000, yet the M. P. had stated—with detailed circumstance—that 'in one cemetery, from August, 1878, to June, 1879, 27,064 persons who had died of small-pox had been buried.' Gazetteers are not very recondite works, and it would have been not difficult to test some portion of this monstrous statement before printing it. Jenner's biographer tells us that he had a horror of arithmetical calculations, due to a natural incapacity, which quality appears to be a special characteristic of those who advocate vaccination, as the examples I have given sufficiently prove.

"Another glaring case of official misrepresentation occurred in the Royal Commission itself, but was fortunately exposed later on. A medical officer of the Local Government Board gave evidence (First Report, Q. 994), that the board in 1886 'took some pains to get the figures as to the steamship Preussen,' on which small-pox broke out on its arrival in Australia. He made the following statements: (1) There were 312 persons on board this vessel. (2) 4 re-vaccinated, 47 vaccinated, 3 who had small-pox, and 15 unvaccinated were attacked —69 in all. (3) The case was adduced to show that 'sanitary circumstances have little or no control over small-pox compared with the condition of vaccination or no vaccination.'

"This official statement was quoted in the House of Commons as strikingly showing the value of vaccination. But, like so many other official statements, it was all false! The reports of the Melbourne and Sydney inspectors have been obtained, and it is found: (1) That there were on board this ship 723 passengers and 120 crew—823 in all, instead of 312; so that the 'pains' taken by the Local Government Board to get 'the figures' were very ineffectual. (2) There were 29 cases among the 235 passengers who disembarked at Melbourne, of whom only 1 was unvaccinated. The crew had all been vaccinated before starting, yet 14 of them were attacked with small-pox, and one died."

—Page 81 of "Vaccination a Delusion."

Again, officials of the Vaccine Establishment have no motives why a record of small-pox mortality should not be correct; but they have a motive to charge the record up against the unvaccinated all that the state of the public health will bear. Of fatal cases none are returned as vaccinated unless distinct and visible vaccine marks are found, which often lead to error. Besides, official vaccinators have an admitted practice of giving vaccination the benefit of any doubt that may arise as to whether the victim of the disease was ever vaccinated. Hence, while statistics are sure to embrace the full number of the unvaccinated, they rarely reveal the number of the vaccinated.

Sweden is often quoted by advocates of vaccination as bearing out their contention that vaccination really protects. They point out that vaccination was introduced in Sweden in 1801.

and that from that time to 1810 there was a great and sudden decline of small-pox mortality. But Prof. Wallace, taking the report of the Swedish Board of Health, and the statements of such authorities as Sir William Gull, Dr. Seaton and Mr. Marsen before the Commission of Inquiry in 1871, constructed a complete diagramatic table of Swedish mortality statistics. I will here attempt nothing more than a brief summary of a portion of the facts.

In the first place, only 8 per cent. of the population were vaccinated in Sweden down to 1812. The first successful vaccination in Stockholm was at the close of 1810. And here it is important to note that the decline in small-pox mortality was between 1801 and 1812, while only 8 per cent. of the population was yet vaccinated, and even this small percentage was mostly confined to the rural districts. From 1812, for sixty years there was a continuous increase in the small-pox death rate. The Stockholm epidemic of 1807, before a single inhabitant in that city was vaccinated, and the epidemic in 1825, were far less severe than the six later epidemics when vaccination had become general. By referring to Prof. Wallace's diagram, we see that vaccination had nothing to do with the reduction of small-pox mortality, which was all brought about before the first successful vaccination in the capital, Dec. 17, 1810. As vaccination increased among the population, small-pox increased also. In 1874 there was a small-pox mortality in Stockholm of 7,916 per million, reaching 10,290 per million during the two years in which the epidemic prevailed. This was a higher mortality than the worst epidemic in London during the eighteenth century.

Prof. Wallace sums up the case as it relates to Sweden:—

> "There has evidently been a great and continuous improvement in healthy conditions of life in Sweden, as in our own country and probably in all other European nations; and this improvement, or some special portion of it, must have acted

powerfully on small-pox to cause the enormous diminution of the disease down to 1812, with which, as we have seen, vaccination could have had nothing to do. The only thing that vaccination seems to have done is, to have acted as a check to this diminution, since it is otherwise impossible to explain the complete cessation of improvement as the operation became more general; and this is more especially the case in view of the fact that the general death rate has continued to decrease at almost the same rate down to the present day!

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"This case of Sweden alone affords complete proof of the uselessness of vaccination; yet the commissioners in the Final Report (par. 59) refer to the great diminution of small-pox mortality in the first twenty years of the century as being due to it. They make no comparison with the total death rate; they say nothing of the increase of small-pox from 1824 to 1874; they omit all reference to the terrible Stockholm epidemics increasing continuously for fifty years of legally enforced vaccination and culminating in that of 1874, which was far worse than the worst known in London during the whole of the eighteenth century. Official blindness to the most obvious facts and conclusions can hardly have a more striking illustration than the appeal to the case of Sweden as being favorable to the claims of vaccination."

In May, 1871, the Pall Mall Gazette expresses the medical opinion that:—

"Prussia is the country where re-vaccination is most generally practiced, the law making the precaution obligatory on every person, and the authorities conscientiously watching over its performance. As a natural result, cases of small-pox are rare." Never was there a more glaring untruth than this last statement. It is true that re-vaccination was enforced in public schools and other institutions, and most rigidly in the army, so that a very large proportion of the adult male population must have been re-vaccinated; but, instead of cases of small-pox being rare, there had been for the twenty-four years preceding 1871 a much greater small-pox mortality in Prussia than in England, the annual average being 248 per million for the former and only 210 for the latter. A comparison of the two cases shows the difference at a glance. English small-pox only reached 400 per million (in 1852) while in Prussia it four times exceeded that amount. And immediately after the words above quoted were written, the great epidemic of 1871-72 caused a mortality in re-vaccinated Prussia more than double that of England."—Ibid, page 48.

If we compare Berlin with London in 1871, we find the small-pox mortality for Berlin 6,150 per million—more than twice that of London; and this, remember, is where vaccination and re-vaccination were most thoroughly performed.

Again, vaccination was made compulsory in Bavaria in 1807, and was so maintained down to the epidemic of 1871, when 30,742 cases of small-pox were reported, of which 95 per cent. had been vaccinated.

Prof. Wallace truly remarks: "In Bavaria as in all other countries we have examined, the behavior of small-pox shows no relation to vaccination, but the very closest relation to the other zymotics and to density of population. * * Ninety-five per cent. of small-pox patients having been vaccinated is alone sufficient to condemn vaccination as useless."

"One point more deserves notice before leaving this part of the inquiry, which is the specially high small-pox mortality of great commercial sea-ports. The following table, compiled from Dr. Pierce's "Vital Statistics" for the continental towns and from the Reports of the Royal Commission for those of our own country, is very remarkable and instructive:—

NAME OF TOWN.	YEAR.	SMALL-POX DEATH-RATE PER MILLION.
Hamburgh	1871	15,440
Rotterdam	1871	14,280
Cork	1872	9,600
Sunderland	1871	8,650
Stockholm	1874	7,916
Trieste	1872	6,980
Newcastle-on-Tyne	1871	5,410
Portsmouth	1872	4,420
Dublin	1872	4,330
Liverpool	1871	3,890
Plymouth	1872	3,000

"The small-pox death rate in the case of the lowest of these towns is very much higher than in London during the same epidemic, and it is quite clear that vaccination can have had nothing to do with this difference. For if it be alleged that vaccination was neglected in Hamburgh and Rotterdam, of which we find no particulars, this cannot be said of Cork, Sunderland, and Newcastle. Again, if the very limited and imperfect vaccination of the first quarter of the century is to have the credit of the striking reduction of small-pox mortality that then occurred, as the Royal Commissioners claim, a small deficiency in the very much more extensive and better vaccination that generally prevailed in 1871, cannot be the explanation of a small-pox mortality greater than in the worst years of London when there was no vaccination. Partial vaccination cannot be claimed as producing marvellous effects at one time and less than nothing at all at another time, yet this is what the advocates of vaccination constantly do. But on the sanitation theory the explanation is simple. Mercantile seaports have grown up along the banks of harbors or tidal rivers whose waters and shores have been polluted by sewage for centuries. They are always densely crowded owing to the value of situations as near as possible to the shipping. Hence there is always a large population living under the worst sanitary conditions, with bad drainage, bad ventilation, abundance of filth and decaying organic matter, and all the conditions favorable to the spread of zymotic diseases and their exceptional fatality. Such populations have maintained to our day the unsanitary conditions of the last century, and thus present us with a similarly great small-pox mortality, without any regard to the amount of vaccination that may be practiced. In this case they illustrate the same principle which so well explains the very different amounts of small-pox mortality in Ireland, Scotland, England, and London, with hardly any difference in the quantity of vaccination.

The Royal Commissioners, with all these facts before them or at their command, have made none of these comparisons. They give the figures of small-pox mortality, and either explain them by alleged increase or decrease of vaccination, or argue that, as some other disease—such as measles—did not decrease at the same time or to the same amount, therefore sanitation cannot have influenced small-pox. They never once compare small-pox mortality with general mortality, or with the rest of the group of zymotics, and thus fail to see their wonder-fully close agreement—their simultaneous rise and fall, which so clearly shows their subjection to the same influences and proves that no special additional influence can have operated in the case of small-pox."—Ibid, pages 51-52.

Prof. Wallace then proceeds to give two remarkable test illustrations of the utter worthlessness of vaccination:—

"The first is that of the town of Leicester, which for the last twenty years has rejected vaccination till it has now almost vanished altogether and small-pox is almost unknown. The second is that of our army and navy, in which, for a quarter of a century, every recruit has been re-vaccinated, unless he has been recently vaccinated or has had small-pox. In the first we have an almost wholly unprotected population of nearly 200,000, which, on the theory of the vaccinators, should have suffered exceptionally from small-pox; in the other we have a picked body of 220,000 men, who, on the evidence of the medical authorities, are as well protected as they know how to make them, and among whom, therefore, small-pox should be almost or quite absent, and small-pox deaths quite unknown. Let us see, then, what has happened in these two cases. In both it has been clearly proven that small-pox increased with the increase of vaccination, and decreased by sanitation, cleanliness, and hygienic living.

"Then commenced the movement (in Leicester) against vaccination, owing to its proved uselessness in the great epidemic, when Leicester had a very much higher small-pox mortality than London, which has resulted in a continuous decline, especially rapid for the last fifteen years, till it is now reduced to almost nothing. * * * * * * * *

"The first thing to be noted is the remarkable simultaneous rise of all four death rates to a maximum in 1868-72, at the same time that the vaccination rate attained its maximum. The decline in the death rates from 1852 to 1860 was due to sanitary improvements which had then commenced; but the rigid enforcement of vaccination checked the decline owing to its producing a great increase of mortality in children, an increase which ceased as soon as vaccination diminished. This clearly shows that the deaths which have only recently been acknowledged as due to vaccination, directly or indirectly, are really so numerous as largely to affect the total death rate; but they were formerly wholly concealed, and still are partially concealed, by being registered under such headings as erysipelas, syphilis, diarrhoea, bronchitis, convulsions, or other proximate cause of death."

The small-pox history of Leicester presents one of the best object lessons of the past thirty years, for since the small-pox epidemic of 1871, the city not only rose in revolt and rid itself of the incubus of vaccination, but also instituted as thorough a system of sanitation as its crowded population of 180,000 would admit of. It therefore stands out clear and distinct above all the other cities in England, both as a rebuke to the vaccine practice, and as a testimony that salvation from zymotic infection lies in the direction of hygienic habits and surroundings. In 1894 Leicester had only seven vacinations to 10,000 of the population, while Birmingham had thirty times that proportion; and between 1891-94 Leicester had less than one-third the cases of small-pox and less than one-fouth the deaths in proportion to population, than well vaccinated Birmingham; whence it is readily seen that for both numbers and severity the facts are decidedly against vaccination.

"Now let us see how the commissioners, in their Final Report deal with the above facts, which are surely most vital to the very essence of the inquiry, and the statistics relating to which have been laid before them with a wealth of detail not equalled in any other case. Practically they ignore it altogether. Of course I am referring to the majority report, to which alone the government and the unenlightened public are likely to pay any attention. Even the figures above quoted as to Leicester and Warrington are to be found only in the report of the minority, who also give the case of another town, Dewsbury, which has partially rejected vaccination, but not nearly to so large an extent as Leicester, and in the same epidemic it stood almost exactly between un-vaccinated Leicester and well-vaccinated Warrington, thus:—

Leicester had 1.1 mortality per 10,000 living,
Dewsbury had 6.7 motality per 10,000 living,
Warrington had 11.8 mortality per 10,000 living.

"Here again we see that it is the unvaccinated towns that suffer least, not the most vaccinated.

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"What they urge is (the minority report), that sanitation and isolation are the effective and only preventives; and it was because Leicester attended thoroughly to these matters, and Gloucester wholly neglected them, that the one suffered so little and the other so much in the recent epidemic. On this subject every inquirer should read the summary of the facts given in the minority report, paragraph 261.

"To return to the majority report. Its references to Leicester are scattered over 80 pages, referring separately to the hospital staff, and the relations of vaccinated and unvaccinated to small-pox; while in only a few paragraphs do they deal with the main question and the results of the system of isolation adopted. These results they endeavor to minimize by declaring that the disease was remarkably 'slight in its fatality,' yet they end by admitting that the 'experience of Leicester affords cogent evidence that the vigilant and prompt application of isolation * * * * is a most powerful agent in limiting the spread of small-pox.' A little further on they say, when discussing this very point—how far sanitation may be relied on in place of vaccination—'The experiment has never been tried.' Surely a town of 180,000 inhabitants which has neglected vaccination for twenty years, is an experiment. But a little further on we see the reason of this refusal to consider Leicester a test experiment. Paragraph 502 begins thus: 'The question we are now discussing must, of course, be argued on the hypothesis that vaccination affords protection against small-pox.' What an amazing basis of argument for a commission supposed to be inquiring into this very point! They then continue: 'Who can possibly say that if the disease once entered a town the population of which was entirely or almost entirely unprotected, it would not spread with a rapidity of which we have in recent times had no experience?' But Leicester is such a town. Its infants—the class which always suffers in the largest numbers—are almost wholly unvaccinated, and the great majority of its adults have, according to the bulk of the medical supporters of vaccination, long outgrown the benefits, if any, of infant-vaccination. The disease has been introduced into the town twenty times before 1884, and twelve times during the last epidemic (Final Report, par. 482 and 483). The doctors have been asserting for years that once small-pox comes to Leicester it will run through the town like wild-fire. But instead of that it has been quelled with far less loss than in any of the best vaccinated towns in England. But the commissioners ignore this actual experiment, and soar into the regions of conjecture with, 'Who can possibly say?'—concluding the paragraph with—'A priori reasoning on such a question is of little or no value.' Very true. But a posteriori reasoning, from the cases of Leicester, Birmingham, Warrington, Dewsbury, and Gloucester, is of value; but it is of value as showing the utter uselessness of vaccination, and it is therefore, perhaps, wise for the professional upholders of vaccination to ignore it. But surely it is not wise for a presumably impartial commission to ignore it as it is ignored in this report."—"The Wonderful Century," pages 276-7.

"Although the commission makes no mention of Mr. Bigg's tables and diagrams showing the rise of infant-mortality with increased vaccination, and its fall as vaccination diminished, they occupied a whole day cross-examining him upon them, endeavoring by the minutest criticism to diminish their importance."

The second test illustration referred to a few pages back—that of the army and navy—is made complete and crucial by a comparison with Ireland, which is practically unvaccinated, while the army and navy are the most thoroughly vaccinated and re-vaccinated of any class in the whole population. In Dr. MacCabe's evidence before the Royal Commission, it appears but avery small proportion of the population in Ireland have been vaccinated, and in a thorough comparison which Prof. Wallace makes between Ireland, Scotland, England, and with the army and navy, he reaches the result that unvaccinated Ireland shows a smaller small-pox mortality than Scotland, enormously less than England, and overwhelmingly less than London. With seemingly little or no regard to vaccination, this graduated series of increase in small-pox mortality is in exact correspondence with increased density of population; while in these crowded centers we find that small-pox behaves in the same general manner as all the other zymotic diseases. One pays no more regard than the other to vaccination, but all have respect for cleanliness and hygienic living.

After discussing these features of the question, and after paying his respects to the Royal Commission, Prof. Wallace continues:—

"Now if there were no other evidence which gave similar results, this great test case of large populations compared over a long series of years, is alone almost conclusive; and we ask with amazement,—Why did not the commissioners make some such camparison as this, and not allow the public to be deceived by the grossly misleading statements of the medical witnesses and official apologists for a huge imposture? For here we have on one side a population which the official witnesses declare to be as well vaccinated and re-vaccinated as it is possible to make it, and which has all the protection that can be given by vaccination. It is a population which, we are officially assured, can live in the midst of the contagion of severe small-pox and not suffer from the disease 'in any appreciable degree.' And on comparing this population of over 200,000 men, thus thoroughly protected and medically cared for, with the poorest and least cared for portion of our country—a portion which the official witness regarding it declared to be badly vaccinated, while no amount of re-vaccination was even referred to—we find the less vaccinated and less cared for community to have actually a much lower small-pox mortality than the navy, and the same as that of the two forces combined. * * * *

"It is thus completely demonstrated that all the statements by which the public has been gulled for so many years, as to the almost complete immunity of the re-vaccinated army and navy, are absolutely false. It is just what Americans call 'bluff.' There is no immunity. They have no protection. When exposed to infection they do suffer just as much as other populations, or even more. In the whole of the nineteen years, 1878-1896 inclusive, unvaccinated Leicester had so few small-pox deaths that the Registrar General represents the average by the decimal 0.01 per thousand population, equal to 10 per million, while for the twelve years, 1878-1889, there was less than one death per annum.' Here we have real immunity, real protection; and it is obtained by attending to sanitation and isolation, coupled with the almost total neglect of the curse of vaccination. * * *

"Now if ever there exists such a thing as a crucial test, this of the army and navy, as compared with Ireland, and especially with Leicester, affords such a test. The populations concerned are hundreds of thousands; the time extends to a generation; the statistical facts are clear and indisputable; while the case of the army has been falsely alleged again and again to afford indisputable proof of the value of vaccination when performed on adults. It is important, therefore, to see how the commisssioners deal with these conclusive test cases. They were appointed to discover the truth and to enlighten the public and the legislature, not merely to bring together huge masses of undigested facts.

"What they do is, to make no comparison whatever with any other fairly comparable populations, to show no perception of the crucial test they have to deal with, but to give the army and navy statistics separately, and as regards the army piecemeal, and to make a few incredibly weak and unenlightening remarks. Thus, in par. 333, they say that, during the later years, as the whole force became more completely re-vaccinated, small-pox mortality declined. But they knew well that during the same period it declined over all England, Scotland, and Ireland, with no special re-vaccination, and most of all in unvaccinated Leicester! Then with regard to the heavy small-pox mortality of the wholly re-vaccinated and protected troops in Egypt, they say, 'We are not aware what is the explanation of this.' And this is absolutely all they say about it! But they give a long paragraph to the post office officials, and make a great deal of their alleged immunity. But in this case the numbers are smaller, the periods are less, and no statistics whatever are furnished except for the last four years! All the rest is an extract from a parliamentary speech by Sir Charles Dilke in 1883, stating some facts, furnished of course by the medical officers of the post office, and therefore not to be accepted as evidence. This slurring over the damning evidence of the absolute inutility of the most thorough vaccination possible, afforded by the army and navy, is sufficient of itself to condemn the whole Final Report of the majority of the commisssioners. It proves that they were either unable or unwilling to analyze carefully the vast mass of evidence brought before them, to separate mere beliefs and opinions from facts, and to discriminate between the statistics which represented those great 'masses of national experience' to which Sir John Simon himself has appealed for a final verdict, and those of a more partial kind, which may be vitiated by the prepossesssions of those who registered the facts. That they have not done this, but without any careful examination or comparison have declared that re-vaccinated communities have 'exceptional advantages' which, as a matter of fact, the report itself show they have not, utterly discredits all their conclusions, and renders this Final Report not only valueless but misleading."—"The Wonderful Century," pages 285-6.

In addition to the above quotations, Prof. Wallace devotes an entire chapter to a criticism of the Royal Commission on Vaccination, in which their special pleading, their covert concealments, and their flagrant betrayal of the trust of the people through Parliament committed into their hands are unsparingly held up to view. But in this, as in nearly all similar bodies, there were a few men of conscience and integrity, who put the facts which were brought before them in their proper relation and embodied them in a minority report. The commission as a whole, however, conducted their investigations throughout as though they regarded the Vaccine Establishment as their clients, whom it was their duty to defend—even as a lawyer defends a client by suppressing or disparaging the testimony that bears on the other side.

A further word of comment relating to this Royal Commission may properly be inserted here. One redeeming feature of the medical profession is found in the fact that a fair percentage of its ablest members are loyal to the truth and have a large measure of regard for the public welfare. A certain residue are greedy and unscrupulous, and these are always plotting for place and privilege and power; and as these—through the cooperation of politicians—are opened and made accessible, they are usually the foremost in securing official positions and places of responsibility. Now in the early history of vaccination this class secured state interference with a Compulsory Vaccination Law; but as the more conscientious and experienced physicians became fully convinced that vaccination was working great mischief in the community, they opposed the practice and agitated for reform. Through this public agitation the people became sufficiently enlightened on the subject to protest, and thousands refused to submit, or suffer their children to be vaccinated. Prosecutions, fines, and imprisonment followed.

The public clamor became widespread, and Parliament was repeatedly petitioned to repeal the law, which it refused to do. It was then asked to appoint a commission to investigate and report on their grievances. This also was repeatedly refused. Finally, after repeated refusals by the government, a Royal Commission of Inquiry on Vaccination was at length granted—in April, 1889. This was granted in consequence of popular pressure. It was professedly to be constituted a fair and impartial tribunal; but its real object was to "expose the distortions and misconceptions of the enemies of vaccination." It was really to become a "white-washing" commission to silence the public clamor and to intrench place-hunting officials and an army of vaccinators more strongly under the protection of the state. Not one of the fourteen members appointed was opposed to vaccination, though some of them did not favor compulsory legislation. Indeed, this commission of experts was a pretty good paralllel to that appointed in our own United States in 1898—also in obedience to popular clamor—ostensibly to investigate official abuses, but really to "white-wash" the "embalmed beef frauds" perpetrated on our soldiers in the field by corrupt agents who had pushed their way to the front and secured federal appointments. The commission found that our soldiers had "no occasion to complain (?)." The agents did the best they could under the circumstances. The system of army contracts is a good one; it pays, and therefore the people should submit without complaint. The "taffy" offered them by this body of trained experts ought to taste good and quiet their murmurings. Well, this Royal Commission spread its labors over a period of seven years, on big government salaries, before it made its final report. It is this report which Prof. Wallace so unmercifully scores.

What I have said in the preceding paragraph may likewise be applied in large part to the National Vaccine Establishment in England, which was founded in 1806 and endowed by government with £3,000 per year. During the eight years succeeding the Jenner discovery, cases of failure continued to multiply which occasioned a deal of trouble to Jenner and his party to explain away. So the doctors sought the co-operation of government to extend and perpetuate their schemes. Dr. Scott Tebb, after detailing these early failures, continues:—

"The reports of failure at length became so numerous, that it was found necessary to take action. In a letter to Mr. Dunning in reference to Dr. Benjamin Moseley's publication of failures, Jenner expresses the opinion that nothing would crush the hissing heads of such serpents at once but a general manifesto with the signatures of men of eminence in the profession, unless Parliament had a mind to take the matter up again."

So Jenner had a conference with Lord Henry Petty (chancellor of the exchequer) who gave assurances that he would bring the matter forward in the ensuing session, which, when convened (1806) was readily persuaded to vote the Crown an address, praying "that His Majesty will be graciously pleased to direct his College of Physicians to inquire into the state of vaccine inoculation in the United Kingdom, and to report their opinion and observations upon that practice, the evidence which has been adduced in its support, and the causes which have hitherto retarded its general adoption; and that His Majesty will be graciously pleased to direct that the said report, when made, may be laid before this House.

"The College reported favorably, and the National Vaccine Establishment was founded with a vaccine board of eight, each having a salary of £100 a year. Although the profession and Parliament had been practically committed to vaccination at the time of Jenner's petition (1802), this was the first instance of the establishment and endowment of the practice, and the natural tendency was to stifle opposition; indeed, it may be said that one of the principal functions of the National Vaccine Establishment was to explain away the failures of cow-pox to protect from small-pox. * * * * * * In some towns failures were such as to lead to a discontinuance of the practice. * * * * * * * The practice afterwards became more general, until the small-pox raged epidemically. It was then observed that many of the children who had been previously vaccinated, and were supposed to be secure, caught the complaint; some of them died, and others recovered with difficulty."

—"A Century of Vaccination," pages 122-23.

In the "Medical Observer" for November, 1809, the details of fourteen fatal cases are given:—

"1. A child was vaccinated by Mr. Robinson, surgeon and apothecary, at Rotherham, towards the end of the year 1799. A month later it was inoculated with small-pox matter without effect, and a few months subsequently took confluent small-pox, and died.

"2. A woman-servant to Mr. Gamble, of Bungay, in Suffolk, had cow-pox in the casual way from milking. Seven years afterwards she became nurse to the Yarmouth Hospital, where she caught small-pox, and died.

"3 and 4. Elizabeth and John Nicholson, three years of age, were vaccinated at Battersea in the summer of 1804. Both contracted small-pox in May, 1805, and died. They were attended by Dr. Moseley and Mr. Roberts.

"5. Mr. J. Adams, of Nine Elms, contracted casual cow-pox, and afterwards died of confluent small-pox.

"6. The child of Mr. Carrier, Crown Street, Soho, was vaccinated at the institution in Golden Square, and had small-pox three months afterwards, and died.

"7. Mary Finney's child, aged one year, died of small-pox in July, 1805, five months after vaccination.

"8. The child of Mr. Blake's coachman, living at No. 5 Baker Street, died of small-pox after vaccination.

"9. Mr. Colson's grandson, at the 'White Swan,' Whitecross Street, aged two years, was vaccinated by a surgeon at Bishopsgate Street, in September, 1803. He died of confluent small-pox in July, 1805.

"10. Mr. Brailey's child, aged two years and eight months, was vaccinated at the Small-pox Hospital, and forty weeks afterwards died of confluent small-pox.

"11. Mr. Hoddinot's child, No. 17 Charlotte Street, Rathbone Place, was vaccinated in 1804 and the cicatrix remained. In 1805 it caught small-pox and died.

"12. C. Mazoyer's child, No. 31 Grafton Street, Soho, was vaccinated at the Small-pox Hospital. Died of small-pox October, 1805.

"13. The child of Mr. R——— died of small-pox in October, 1805. The patient had been vaccinated, and the parents were assured of its security. The vaccinator's name was concealed.

"14. The child of Mr. Hindsley at Mr. Adams' office, Pedler's Acre, Lambeth, died of small-pox a year after vaccination."

Such entire failures of vaccination, as a remedy or protection, multiplying on every hand, had no effect either on Parliament or the College of Physicians. The failures were concealed, glossed over or explained away. Once committed to the vaccine superstition there was no backing down to be thought of or tolerated. No confession of error must be allowed to cast reproach upon so learned a body as the College of Physicians. And then, it was a good thing—an establishment endowed by the crown; a goodly number of government offices with fair salaries; an army of vaccinators in government and municipal employ; these are not to be lightly surrendered. Christ—if he were here—might plead for the little ones, for the rising generation. But why should the rising generation stand in the way of business? "Business is business." "We must live." These are corporation and class ethics, without soul, without conscience, cruel as fate, knowing no other object or goal than what self interest dictates. This is the code by which oppressive laws become recorded on our statute books, and are kept there; the code by which otherwise good men will enter into compacts which, in their composite character, become merciless tyrannies—a veritable car of Juggernaut—bearing down its victims without pity and without remorse!

Again, the "Medical Observer" for August, 1810, states that the poor of the parish of Witford, in Hertfordshire, were vaccinated by Mr. Farrow, apothecary at Hadham, with matter procured from London Cow-pox Institute. During the small-pox epidemic that followed, of 69 vaccinated, 29 took small-pox, nine of whom died. The editor gives a list of the fatal cases:—

Name.	Age.
William Barton	5 years
Mary Catmore	13 years
Ann Catmore	13 years
Emma Prior	6 months
Martha Wrenn	6 years
William Catmore	3 years
Charles Wybrow	6 months
John Fitstead	1 year
James Thoroughgood	2 years

—Tebb, page 129.

The "Medical and Physiological Journal," Vol. XXXII, page 478, said the cases of failure at Creighton were so numerous and decisive that they could not fail to excite alarm. Twenty-five cases were given where the vaccinations were considered perfect. In these cases the fever was violent; the heat was excessive, the pulse very quick, universal languor, pain in the head and loins, frequent vomiting; occasional delirium, and sometimes convulsions.

In the same journal, Vol. XXXVII, pages 2 to 12, the following cases were reported:—

No.	Name.	Age when vaccinated.	By whom.	Age when infected with small-pox.	Nature of the Small-pox.
1	Robert Jones' two children..	Infants	Mr. Redhead	10–8	Small horny pox, which continned out only five or six days; were not seen by a medical man. One child had considerable fever during four days previous to the eruption
2	Elizabeth James	Infant	Mr. Harrison	12	Very feverish. Pustules distinct. A well-marked case of small-pox.
3	Jos. James.....	Infant	Mr. Redhead	15	Very feverish, and thought dangerously ill for a few days. Eruption not so full as with Elizabeth.
4	Wm. James....	Infant	Mr. Carter	8	Had them (eruptions) milder than the two former. Continued out a few days.
5	Wm. Parker..	4	Mr. Close, Dalton	18	Delirious two days before the eruption appeared. Pustules numerous, and continued out seven or eight days.
6	Elizabeth Fell	3	Mr. Briggs	12	Considerable fever previous to the erution, which was of the distinct kind.
7	Maria Stable..	10	Mr. Carter	13	Feverish before the eruption, which was of a small horny kind, and soon disappeared.
8	Betty Turner..	Infant	Mr. Redhead	6	Feverish three days, with delirium. Face full of pustules, and many on her body; small horny kind, which disappeared in five or six days.
9	Alice Turner..	Infant	Mr. Redhead	12	Feverish. Not so much indisposed as Betty; had fewer pustules, but larger.
10	Robert Braithwaite's daugh.	Infant	Mr. Carter	14	Very feverish. Had a full crop of small horny pox. Face swelled. Blind three days.
11	Mr. Rawlinson's son....	—	Mr. Briggs	—	Much fever. Very full of pustules, and much marked.
12	Ellen Physaclea...........	Infant	Mr. Redhead	13	Very feverish. Had large distinct pox. Has marks on the face.
13	Wm. and Benjamin Kirby	5–3	Mr. T. Carter	—	The eruption on William was larger, and continued longer than the rest. These two children were infected four weeks after vaccination. Pustules of the horny kind.
14	Joseph Kirby..	Infant	Mr. Redhead	5	Got easily through the complaint.
15	Sarah Bond...	Infant	At Liverpool	12	Much fever, with delirium. Had many pustules of the horny kind, which soon disappeared.
16	Jane Ellis.....	Infant	Mr Lodge, Ingleton	11	Had a remarkably full crop; in fact, was one complete cake of incrustation. Recovered pretty well, but is much marked. Was about a month confined.
17	Isabella Dixon	Infant	Mr. Harrison	10	Had a full crop. Is marked, but recovered well.
18	Marg'r't Dixon	Infant	Mr Redhead	12	Not very full. Pustules perfectly distinct. Recovered well.
19	Betty Garnet..	Infant	Mr. Carter	14	Distinct pustules. Was at the height in eight days, and recovered well.

Dr. Macleod—as quoted by Dr. Scott Tebb,—says:—

"I have seen too many instances of small-pox in children vaccinated in London, where that process was carried on in the way which the National Vaccine Establishment has recommended as the most efficacious, to retain much faith in its preventive powers, in whatever manner conducted.' Again he remarks (pages 8-9):—'The history of vaccination altogether forms a severe satire upon the mutability of medical doctrines. In the first ardor of discovery, not contented with its blessings to mankind, its benefits were also extended to the brute creation. It was to annihilate small-pox, prove an antidote to the plague, to cure the rot in sheep, and preserve dogs from the mange. These good-natured speculations, however, were soon abandoned; and more recently all had agreed in acknowledging its anti-variolous powers, which, we were told, were as well-estalished as anything human could be.'

"But the present epidemic shows too clearly the mortifying fallibility of medical opinions, though founded on the experience of twenty years, and guaranteed by the concurring testimony of all the first physicians and surgeons in the world."

Sir Henry Holland—a high authority—indulges in expressions of disappointment in view of the general failure of vaccination as a protective against small-pox, and particularly its failure during seasons of epidemic, the only time such protection is really needed. In his "Medical Notes and Reflections," he writes:—

"Not only in Great Britain, but throughout every part of the globe from which we have records, we find that small-pox has been gradually increasing again in frequency as an epidemic; affecting a larger proportion of the vaccinated; and inflicting greater mortality in its results." Again he says (page 414):—"It is no longer expedient, in any sense, to argue for the present practice of vaccination as a certain or permanent preventive of small-pox. The truth must be told, as it is, that the earlier anticipations on this point have not been realized."

Dr. Gregory well observes:—"It is often noticed that persons—vaccinated or not—who resist small-pox in common years, though fully exposed to the contagion, are attacked by it in years of epidemic prevalence." This is well worth remembering. It has been illustrated scores of times in all civilized countries. It is indeed during seasons of small-pox epidemic that we most fully realize the utter worthlessness of vaccination—if we but use our eyes rationally. Yet with all these facts before them, boards of health in a great number of cities and towns in our own country, dogged on by a motley crew of second-rate doctors, drag forth a mouldy Compulsory Vaccination Act from its pigeon hole, and then order all school children vaccinated, on pain of expulsion from the public school, if their parents refuse. Why should not those who really think vaccination a protection be content when they get their own children vaccinated? If that is really their protection certainly they would receive no harm by contact with the unvaccinated.

But people are prone to compel their neighbors to adopt their own modes of thinking and practice. And then, this vaccination practice has become a business and source of revenue to a privileged class, which neither professional or politician will ever consent that it shall grow less. I say "professionals" with a qualification, since I have reference only to the mercenary class within the ranks of the medical profession. If this class do not constitute a majority, they have "cheek" sufficient to accomplish a vast amount of mischief. A mercenary doctor, lawyer, or priest is a curse in any community; but when they form cabals and compacts to perpetuate a monstrous practice they augment the curse into a public scourge!

The following items are from Dr. A. M. Ross' pamphlet, "Vaccination a Medical Delusion." Dr. Ross is a physician of high standing in Toronto, and is a prominent leader in the vaccination controversy in this country:—

"Whoever closely watched the course of the epidemic in Montreal must conclude that vaccination is utterly useless as a protection from small-pox. Much of what transpired in our small-pox hospitals was suppressed, especially whatever was likely to operate against the progress of vaccination, which proves a golden harvest to the vaccinators. But notwithstanding the conspiracy of silence a few official reports pregnant with proof against vaccination, and proving beyond question that a large proportion of the patients admitted into our small-pox hospitals had been vaccinated, and that many of them died, some with two and others with three, vaccine marks upon their bodies.

"I refer to the official report from the Civic Hospital, dated August 17, 1885: 'Up to this date, 133 patients suffering from small-pox have been admitted to the Civic Hospital; of these 73 were vaccinated, 56 had one mark, 13 two marks and 4 three marks.'

'I refer to the official report from St. Roch's Hospital, dated October 22, 1885: 'Number of vaccinated patients admitted since April . . . 197.'

"I refer to the official report from St. Camille's Hospital, dated November 1 to 7, 1885: 'There are now in this hospital, 188 small-pox patients; of these 94 are vaccinated. Among the dead are 12 who were vaccinated.'

"I refer to the first official report from St. Saviour's Hospital, November 1 to 7, 1885: 'Thirteen small-pox patients admitted; of these 9 were vaccinated and 4 (only) unvaccinated.'

"I refer to the official report from Crystal Palace Hospital, November 28 up to and including December 5, 1885: 'Number of patients admitted, 36; of these 19 were vaccinated.'

"I refer to the second official report from St. Saviour's Hospital, covering a period of 15 days, that is, from October 15 to 31, it was stated there had been in all 67 patients admitted, of whom 60 had been successfully vaccinated, 36 having two vaccination marks, 2 having three, and 3 having four.'

"I refer to the third official report from St. Saviour's Hospital, November 28 up to and including December 6, 1885:

'Number of patients admitted, 6; of these 4 bear evidence of vaccination, and 2 were not vaccinated.'

LATEST OFFICIAL TESTIMONY FROM ENGLAND.

"Read the following summary of the last report of the Registrar General of England, which proves conclusively that vaccination does not diminish or protect from small-pox:—

In the first 15 years after the passing of the Compulsory Vaccination Act, 1854 to 1868, there died of small-pox in England and Wales	54,700
In the second 15 years, 1869 to 1883, under a more stringent law, ensuring the vaccination of ninety-five per cent. of all children born, the deaths rose to	66,447
Total for 30 years	121,147
Of these, there died under 5 years of age	51,472
From 5 to 10 years of age	16,000
Total under 10 years	67,472

Sir Thomas Chambers, Q. C., M. P., recorder of the city of London, says: "I find that of the 155 persons admitted to the small-pox hospital, in the parish of St. James, Piccadilly, 145 were vaccinated. At Hampsted Hospital, up to May 13, 1884, out of 2,965 admissions, 2,347 were vaccinated. In Marylebone, 92 per cent. of those attacked by small-pox were vaccinated."

"Of the 950 cases of small-pox, 1,870, or 91.5 per cent. of the whole cases, have been vaccinated."—Marson's "Report of Highgate Hospital for 1871."

"There were 43 cases treated in the Bromley Hospital between April 25 and June 29, 1881. Of confluent small-pox there were 16 cases; of discrete, 13; of modified, 13. All the cases had been vaccinated—three re-vaccinated."—F. Nicholson, L. R. C. P., "Lancet," Aug. 27, 1881.

But I must bring this chapter to a close, having already exceeded the limits I had assigned to prove that vaccination has failed to fulfill the flattering promises of its advocates and promoters. A volume could easily be filled with a record of these failures; but it is only a small part of my purpose to point out what vaccination has failed to do; I shall likewise hold up to view a portion of the detestable record of what it has done and is now doing in the world, as also some items of legislation which has made large portions of the general population involuntary and compulsatory victims of this unholy covenant with disease, death, and hell.

The widespread mischief which inoculation—the forerunner of vaccination—accomplished in the eighteenth century, is less a matter of surprise when we compare that period of general intellectual enlightenment with the nineteenth century; but that vaccination should be so generally submitted to, or even tolerated as it has been the last fifty years, is one of those marvels which prove the desperate persistence of a practice when once it has become intrenched in the self interest of a privileged class, and when a powerful profession discover an adequate motive to invoke legislation to establish its permanence. It is incredible to believe—after the disclosure of such a multitude of facts, and after the amount of discussion already expended on the subject—that the majority of physicians who still continue to vaccinate have the slightest faith in the operation. Must we then conclude that the fee takes precedence in their minds over any public benefit they confer? Aye, must they not be conscious not only that they do not confer a benefit, but that they are corrupting the blood and undermining the health of a large percentage of the community, sowing seeds and planting upas trees which must eventuate in a terrible harvest of disease and death in the near future? If they do not realize the wrong they are perpetuating on the rising generation God pity their professional acumen; and may He with the good angels of heaven especially pity the little children who are turned over to the lance and putrid pus of this modern molock! Dion Casius, the Roman historian, writing of the plague which scourged Rome in the second century, relates: "many died in another way, not only at Rome but over nearly the whole empire, through the practice of miscreants, who, by means of small, poisoned needles, communicated, on being paid for it, the horrible infection so extensively that no computation could be made of the number that perished."

Unhappily, the "miscreants" are not all dead. They still walk the streets with their "poisoned needles" armed with a "permit" from the legislature to puncture and poison at so much per head, in the name of that public protection and benefit which they ruthlessly insult and over-ride. Look out for this public enemy reader, and bar your door against his approach!

Fifty years ago it was a serious thing to fall sick with fever and have a doctor—I mean the doctor was the serious part of the business—for in those old-time days the doctor said: "Cold water is death," and so fathers and mothers were solemnly forbidden to give a drop of cold water to the child, tossing with a raging fever, and vainly pleading like Dives for "just a drop" to quench the fire that was fast consuming the life. But the parent must refuse this agonizing appeal for the doctor had forbidden the cooling draught. Instead of water—the remedy which nature prescribed—it was mercury and blood-letting in those days which made the weary hours of sickness a crucifixion, and which left hundreds of thousands of human wrecks by the wayside. But we can forgive the average doctor of those days, since his sin was the sin of ignorance. Not so the vaccinator of today; he is sinning against the light, and his motives can plead no such excuse as we readily grant to members of the medical profession of fifty years ago.

CHAPTER IV

VACCINATION LEGISLATION.

"I can sympathize with, and even applaud, a father who, with the presumed dread in his mind, is willing to submit to judicial penalties rather than expose his child to the risk of an infection so ghastly as vaccination."—Sir Thomas Watson, M. D.

The Anglo Saxon peoples have always proved to be refractory soil in which to plant authoritative dogmas—medical or ecclesiastical—and then attempt to put them in force by legislative enactments. True, they will tolerate encroachments to a certain limit; for a time they will endure stripes and fines and persecution; but at last the spirit of liberty is sure to flame up in emphatic protest, when noble reformers enter the arena, a season of intense agitation ensues, and when the people are made fully aware whether legislative encroachments—in the interest and at the behest of a privileged class—are conducting them, they invariably rise and strike down the marauder, even though it involves a political revolution.

This insistence of the Saxon that his personal liberty shall be respected and held inviolate, has been illustrated in three notable instances in the last four hundred years in those world-famed movements headed by Luther, Cromwell, and Washington. The first was a successful protest against the divine right of the church to rule over both soul and body of the subject; the second was a revolt against the divine right of kings to rule over the citizen instead of guarding and protecting him in his rights; the third transferred sovereignty from the king to the people, and made the powers of government derivative from the people—made sovereignty to inhere in the people; but this chiefly in theory, since the people have not yet learned how to either protect or exercise that sovereignty in their associate capacity.

The people's sovereignty is continually being menaced by class interests which, through legislation, seek to acquire special privileges by which they may be able to compel them to pay a perpetual tribute. Last but not least among these class interests, is the vaccination syndicate, which is continually lobbying our legislatures for an extension of privileges on the pretense that the public welfare will thereby be enhanced. How exceedingly grateful the public ought to feel towards these gentlemen for their continued good health and welfare! But dear gentlemen, let me remind you—you who pose as government vaccination surgeons, members of departments of health, boards of health, municipal vaccinators, and small-pox scare promoters; let me remind you, your time is nearly up! The people—when a trifle better informed about what you are really doing—are going to get rid of this vile vaccination nuisance and turn you out of the office you have usurped, disgraced, and run for all the "traffic would bear." You will then be relegated to your proper station, put upon your good behavior, and compelled to wait until you are asked, before you will be permitted to enter our households with lance and putrid pus and run up a fee from one to three dollars per victim!

The government has no more constitutional right to compel the people to submit to vaccination in the nineteenth century, than it had in the eighteenth to enforce inoculation which is now made a penal offence, or of legalizing the mercury practice and blood-letting of the last generation. All these were once regarded as cure-alls and preventives, and would now be occasions for little harm so long as the people are left free to adopt or reject them. It is when physic and the state become united—when the state legalizes and enforces the creed of a particular sect in medicine—that the serious and fatal mischief begins to be manifest. No class or creed or practice was ever granted special recognition and support by the state that did not forthwith begin to abuse those powers and make of them an occasion for human oppression.

The people desire health and safety quite as much as the doctors desire it for them. And their common sense moreover demands the "open door" and a free struggle for the final survival of the "fittest" among the remedial agents brought forward. When these are found and tested —as cleanliness and wholesome living, for example—common sense people will adopt them without a resort to such coercive measures as repeated fines and imprisonments. Those who think vaccination is the absolute safeguard, by all means leave them free to erect this wall of protection, and then if vaccination is the thing they claim it is, at least they will not take the smallpox though every unvaccinated gentile falls a victim to the disease. Excuse us, gentlemen of the lancet, we do not propose to jump out of the "frying-pan into the fire" by substituting the doctor for the priest. You are all right in your proper place; but when we found the claws of the priest were growing too long for the safety of the innocents, we clipped them; and we warn you—gentlemen doctors—if you continue to press legislation to assist you in your vaccination scheme, we shall pretty soon clip your claws also. We don't mind having our bodies dragged through the mud now and then—good clean mud—but when you lobby the state to assist you in consigning our bodies, or our children's bodies, to the filthy pool of your vaccine putridity, we object; our Saxon patience has then gone beyond its limit, and unless you quit this business something serious is going to happen! Mark it well!

Happily, though compulsory vaccination laws are on the statute books of nearly every state in our commonwealth, they remain for the most part a dead letter on account of the extreme difficulty experienced in enforcing them. They are a flagrant violation of our constitution, and opposed to the genius and common sense of our average Anglo Saxon intelligence. And if the people adequately realized what consequences are involved by submitting themselves or their children to the vaccine poison, they would very soon sweep every vaccination act from our statute books, and relegate this vile superstition to the same obscure retreat to which the inoculation practice of the preceding century has been consigned. In the meantime, I should still leave the ordinary "scrub" doctor free to ventilate his fads, for so long as he would be unable to invoke compulsory legislation in behalf of his practice, the common sense of the citizen, left free to make his own choice, would in the long run choose what best conduces to his own health and welfare. Mrs. Eddy's unique medical creed may, or may not, benefit the world; at any rate, while left in free competition with the multiplicity of forms constantly arising for treating disease, it is quite powerless for harm. But if it were to receive state support and made compulsory, it would then become a glaring wrong and outrage which the people would be justified in overthrowing without much ceremony.

We should bear in mind that physic is in a state of transition. Harsh and drastic modes of treatment were common a century ago. These have been dropped by the profession, one after another, until now the instinctive calls of nature are more or less heeded by the practitioner, and the profession as a whole is daily approximating nearer and nearer a constructive art of healing, which takes more account of sanitation and hygienic living, and far less account of drugs and poisons—

whether taken into the stomach, or introduced directly into the blood through the skin, as in the accursed practice of vaccination. Inoculation has come and gone, taking with it its hundreds of thousands of victims. Calomel and bleeding have had their day as well as the good will of the profession, and during that terrible day the sick chamber was a torture chamber—a gloomy and dreadful place; the doctor's visit the most dreadful part of the composite calamity. The light of heaven and the free air were excluded; pure cold water was "sure death!" The life-blood was drained off through the puncture of the lancet; the mouth and throat and stomach were corroded with mineral poisons—and all this was part and parcel of the "healing art" of those days. From the time of Jesus Christ to the present it has been the same. The "woman which had the issue of blood for twelve years, and had suffered many things of many physicians, and had spent all that she had, and was nothing bettered but rather grew worse," it seems had much the same experience with the doctors which each generation from that time to the present has repeated. Now we have the greater curse of vaccination, backed up by the state, and an effort by its promoters to make it compulsory and universal. But with the growing good sense of the medical profession, I apprehend this superstition would have been short-lived, but for the fact that the practice became allied with the modern commercial spirit and an unscrupulous class of medical men, who forecasted material advantages in an alleged discovery which they warranted as a sure safeguard against a disease in regard to which the public stand in constant dread.

The appointment of municipal boards of sanitation for the enforcement of cleanliness in crowded and filthy quarters is often urged by vaccinators as identical in principle with compulsory vaccination. I insist that it is nothing of the kind. Vaccination is the medical creed of the class, the relative value and the relative peril of which a diversity of opinion exists, both in the community and among medical men; while no class or profession believe that any peril is threatened by thorough sanitation. The public are in practical agreement touching its propriety and necessity. Nobody has conscientious scruples against it. No popular revolt ever rose up to fight against it as a common enemy. The liberty of the citizen is not infringed by the most thorough sanitary measures. Nor do we object to isolation and quarantine during the prevalence of small-pox, yellow fever, or cholera. To insist on the identity of these two procedures is another instance of "borrowing the robes of an angel to serve the devil in." No, filth and vaccination are boon companions; they both belong to the devil's order. Sanitation, like the golden rule, belongs to the divine order, which nobody but the devil or the devil's servants will oppose, or otherwise attempt to identify with their own abominable practices.

COMPULSORY VACCINATION IN ENGLAND AND EXTENT OF REPEALS EFFECTED.

Before the repeal of the compulsory clause in the English vaccination acts in England, there was annually paid out of the public funds on account of vaccination, over half a million dollars, while the aggregate receipts of private practitioners must have been largely in excess of this; and well do these gentry understand how to multiply their fees. A few cases of small-pox are reported, and immediately a rumor is started which is taken up by the press, and a small-pox scare is soon spreading terror among the populace. Then the vaccination harvest follows.

As in all reforms, so in this, the laity are the first to abandon vaccination; for the medical profession has an interest in addition to the pecuniary one. Having once committed itself—save an honorable minority—to vaccination as a beneficent discovery and great boon to humanity, and having adhered to this medical creed for the space of a century, it will not do now to show the "white feather;" not do to "back water," to surrender prestige by a confession that the profession framed a monstrous fallacy into its medical creed, which would be an imputation of fallibility. No, it is the air and attitude of infallibility that must be uniformly maintained. Keep the purple robe on the medical oracle and insist that he shall stick to a lie when once told. This is better than the modest truth coupled with a confession that the College of Physicians made a great mistake when they took Jenner to their bosom and asked Parliament to vote him £30,000.

When compulsory vaccination was urged upon the attention of Parliament (1853) for adoption, the lords and commons were assured that the medical profession were practically unanimous on two fundamental points in the vaccination controversy:—

(1) That vaccination is an absolute protection against small-pox, and therefore that the vaccination of the entire population would prevent small-pox epidemic.

(2) That universal vaccination involves no risk to life or health; that the operation is of a benign character and free from peril.

This protection was promised by Lord Lyttleton, the promoter of the Vaccination Bill of 1853, upon the unanimous assurance of the entire medical profession. And when still more stringent legislation was demanded and secured by the doctors in 1867, Lord Robert Montagu, who introduced the bill, re-affirmed the original promise, and declared it to be absolutely certain that no person after vaccination could thereafter be in danger of an attack from small-pox. Today there is not a director of a small-pox hospital in the civilized world who holds to that extraordinary view of vaccination.

The worst epidemic of the century (1871-72), which ravaged thoroughly vaccinated communities, causing the death of

50,000 persons, in England and Wales, gave a most emphatic negative to the assurances of Lord Lyttleton in 1853, and by Lord Montagu in 1867 in behalf of the doctors.

In regard to the second claim, namely, that the operation is "benign and free from peril," we have already seen how absolutely untrue it is; and I promise that I shall in later chapters summon a "cloud of witnesses" to prove the terrible consequences which have resulted from the perpetration of this crime, in the name of the law, on the bodies of millions of defenceless victims. There is now on record in the London archives hundreds of pages of evidence brought before the Royal Commission, which declares that loathsome and incurable diseases—syphilis, leprosy, cancer, etc.—have been inoculated into healthy persons at the point of the vaccinator's lancet; and these facts were fully known to the profession when they lobbied to secure more stringent acts for the most complete enforcement of compulsory vaccination. The Borgia, in the sixteenth century, were distinguished for their cunning, cruelty, and perfidy. They plotted and poisoned to remove people who were in their way—if it were a pope, it didn't matter—they resorted to cruelty and perfidy to secure the places and livings they coveted. How much better than these will the vaccination plotters stand in the day of judgment?

Compulsory vaccination laws were passed in England in 1853, 1861, 1867, 1871, 1874, and 1878. In 1840 a vaccination act was passed, making inoculation a penal offence, and providing facilities for public vaccination, but the compulsory vaccination was not enforced until 1853, which made neglect of vaccination punishable by fine and imprisonment. The most important act of the whole series, however, was that of 1867, which imposed upon guardians the duty of seeing that all children were vaccinated; and empowering them to appoint and pay officers to prosecute, fine and imprison all recalcitrant parents. True, no person in England has ever been vaccinated by main force;

but the repeated fines and imprisonment of the poor for refusal to comply, is equivalent to force, since the punishment inflicted exhausts their entire resources and wears them out. In Germany compulsion is applied literally, as any person who objects is held down by four men and vaccinated by force.

Until 1867 no great amount of pressure was brought to bear to compel obedience to compulsory legislation; but after that date, the doctors having secured a more vigorous law, began to push the vaccinating business with enterprising zeal and persistence. About 25,000 prosecutions were made in the interval of five years before 1873. During the six years following, the total number of persons proceeded against under the vaccination acts, was 34,286. Of these 136 were committed to prison, 19,482 were fined, 14 were bound over, and 7,354 suffered various kinds of punishments. The number of prosecutions reached their maximum in 1888, when vaccinations and prosecutions both began to rapidly decline, because boards of guardians were now being confronted with a thoroughly aroused public sentiment and protest against these outrageous and oft repeated insults against personal liberty. A house to house census, taken about this time in a hundred towns and districts by sturdy members of the opposition—which had now become organized—revealed 87 per cent. of the people opposed to compulsory vaccination, and 68 per cent. opposed to both state interference and to the vaccine practice.

Among the British colonies, Canada, Queensland, and New South Wales, there has never been any compulsory legislation on vaccination. In New Zealand they have a compulsory law, but public sentiment is decidedly against its enforcement, and therefore it remains practicallly a dead letter. In Tasmania a law was on the statute books for some years, but it has finally been repealed. In Switzerland vaccination was rejected at the referendum by a large majority in 1882. It has also been abandoned by Holland. In state-ridden Germany the doctors are backed up by the government on this question; yet it is significant that the emperor will not permit his own children to be vaccinated. (See Vac. Inq. July, 1892.) At last in England, by the recent vaccination Act (1898), the compulsory feature in the vaccination laws was repealed. So Switzerland and grand old England, after discussing the matter in parliaments for ten or a dozen years, hearing the reports and sub-reports from men having small-pox hospitals in charge, have rescinded the compulsory features in their vaccination laws, and have thereby lifted a degrading and oppressive yoke which had fettered and galled the people to the utmost limit of endurance. Don't forget that in republican Switzerland and conservative old England, vaccination is now optional with parents and the people. And yet, be it said to the shame of America, that we still permit this foul blot from the filth pens of barbarism to smear and blacken the uages of our statute books. Shame on the state that legalizes prize fights, "embalmed beef," cow-pox virus, discourages woman's suffrage, and persecutes the Mormons. Shame on the state that shuts the door of the school room against the child whose parent has sufficient enlightened common sense not to submit that child to the abominable pollution which, like a fanged serpent, strikes the victim from the point of the vaccinator's lance! Indeed, the Garrison's and Philipp's and Parker's have only entered the American vaccination arena to sound the clarion of reform. Not long—not long will the parents of the land permit this brazen marauder to flaunt his legal credentials as a badge of privilege to continue in his merciless slaughter of the innocents!

ORGANIZED ASSAULT AGAINST VACCINATION IN GREAT BRITAIN.

Previous to 1880 the numerous reformers that entered the field to battle against this common enemy, fought single-handed, and though they did much in the way of enlightening the general public on the real dangers of the vaccine practice, they accomplished little or nothing toward mitigating the oppressive laws that were in force throughout the kingdom. The effect of the vigorous measures adopted after the great small-pox epidemic of 1871-72, called for an organized and more skillfully conducted movement against compulsory legislation. Hence the formation of the "London Society for the Abolition of Compulsory Vaccination." Notices were sent to every known anti-vaccinator in the kingdom, requesting their attendance at a meeting called in London, Feb. 12, 1881. Only eight persons responded to this call. These met in an upper room at 76 Chancery Lane. In our Revolutionary war for American Independence, the ball opened with the banding together of seven famous leaders. In this later movement the forces mobilized with one better,—there were eight, but these were scarred veterans who had seen service on many a battle-field. One—Mr. William Tebb—fought by the side of Garrison in our own anti-slavery struggle. This little organization included a chairman, secretary, treasurer, and a provisional executive committee. Everybody told them their enterprise was the most insane project that pestilent agitators and lunatics ever attempted to devise. But they were neither daunted nor discouraged, for the spirit of martyrs and the sublime devotion of Apostles was in their hearts and heads. The London journals ridiculed and abused; the doctors warned; the proprietors of public halls closed their doors "for fear of the Scribes and Pharisees." Bill stickers refused to post their bills lest they should lose their jobs. The thorny path of the reformer was indeed theirs to traverse; but the field of their operations gradually widened; adherents multiplied; new centers for propaganda were established; literature was circulated; the "Vaccination Inquirer" was launched, and writers of ability rallied around their standard. The following year (1881), a new and powerful impulse was given to the movement, by the access of P. A. Taylor, S. P., for Leicester, who was made president and became a powerful advocate of the abolition cause. Within two years 300,000 pamphlets had been published and circulated.

Perhaps the most notable event in the history of this organized crusade, was the "Leicester Demonstration." In that city the doctors had overdone the business of coercive vaccination and public prosecutions, until the people rose en masse in open revolt. Upright, well-to-do and patriotic citizens of Leicester had been imprisoned, dragged through the streets hand-cuffed, and subjected to the most degrading punishments, because they stood for the defense of their children against the detested vaccinator's poison. This public demonstration and popular protest included a procession two miles long. Hundreds of flags and banners with pictorial displays and a comic setting forth of the Jenner imposture, were carried, of which I will here append a sample :—

Entire Repeal and no Compromise.

Sanitation not Vaccination.

From Horse Grease, Cow-pox, Calf Lymph, and the Local Government Board "Good Lord Deliver Us."

Better a felon's cell than a poisoned babe.

Who would be free themselves must strike the blow.

It is not small-pox you are stamping out, but human creatures' lives.

Revolt against bad laws is a christian virtue and a national duty.— Wm. Tebb, "Fourteen Years Struggle ," page 8.

The vaccination acts were publicly burned in the market place, in presence of the mayor and other public officials. In the evening there was a large mass meeting and energetic speeches. I have in previous chapters made prominent mention of Leicester, as the foremost city in England which has come to the front, not only in the complete over-throw of the vaccination practice, but with the most rational method for stamping out small-pox which any crowded population has yet devised; namely, in a thorough system of sanitation, which, though diminishing doctor's fees to an alarming extent, gives a most satisfactory result in an enormous reduction of zymotic diseases over other cities in England. This was one of the practical fruits springing out of the labors of the society which only the year before organized with eight members.

In 1888 and 1889 the labors of the London society were powerfully accelerated by the appearance of two able works against vaccination, by the highest authorities in England—Dr. Creighton and Prof. Crookshank. The former is a distinguished graduate of Cambridge, and at the top of his profession as a pathologist; while Dr. Crookshank is professor of comparative pathology and bacteriology in Kings College, London. Dr. Sir Benjamin Ward Richardson, in a critical review of Prof. Crookshank's work, concludes:—

> "The work as a whole is one of reference to which the people, as well as the profession, will often turn. Already, indeed, the people have turned to it, and the so-called anti-vaccinators with a relish of revenge which is quite dramatic to see, have literally grabbed it. To many of them the work, without doubt, affords a vindication of much that has been said against vaccination, especially on the point of the evidence adduced by the too earnest advocates of vaccination and the method of enforcing it by compulsory law on free and yet sceptical members of the community. Some will feel that this disqualifies the book in a professional point of view. It should not do so. If it be true that we of physic have really, for well-nigh a century past, been worshipping an idol of the market-place, or even of the theatre, why, the sooner we cease our worship and take down our idol, the better for us altogether. We have set up the idol, and the world has lent itself to the idolatry, because we, whom the world has trusted, have set the example. But the world nowadays discovers idolatries on its own account; and if we continue the idolatry it will simply take its own course, and, leaving us on our knees will march on whilst we petrify."
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> —Wm. Tebb's Pamphlet, page 10.

Previous to the public appearance of Doctors Creighton and Crookshank in the vaccination controversy, the reformers chiefly depended upon laymen for their literary authority on the vaccination practice; and these, medical men affected to wholly despise and discredit. In Doctors Creighton and Crookshank however, they found foemen worthy of their steel.

Soon after the appearance of Dr. Creighton's work, Mr. William White, an accomplished literary champion of the anti-vaccination cause, and author of "The Story of a Great Delusion," wrote:—

"Lord Wolseley says the first axiom of war is to know everything about your enemy. It is an axiom we ought to realize about vaccination. If we are to prevail, it is not sufficient to dislike the practice; we must dislike it intelligently. On the political side we have some powerful allies; our weakness has hitherto lain on the medical side. We are told that medical authority is against us overwhelmingly, which is true, although we might dispute the grounds of that assertion. There is scarcely an affirmation by any authority relative to vaccination that is not contradicted by some other authority equally authoritative. Such is our position, and the trouble has hitherto been that we could not obtain a hearing for the facts against authority. The inconsistencies of the practice and its multiform irrationality have been persistently disregarded. A front of brass has been maintained towards the public by the medical profession.

"This situation has been completely changed by Dr. Creighton's exposition and criticism. Upwards of twelve months have elapsed since his 'Natural History of Cow-pox' was published. It has been widely read and indifferently reviewed, but, so far, not a single statement made in its pages has been impugned. Next, in the 'Encyclopaedia Britannica,' the article 'Vaccination' has been written by Dr. Creighton, wherein he re-states his position as to the origin and character of cow-pox, its irrelevance to small-pox, its consequent impotence as a preventive of that disease, and its close analogy to syphilis.

"Now another work has been published by Dr. Creighton, the title and contents of which are given above, in which he re-views the history of vaccination, and describes the various arts and manoeuvres whereby it was conjured into popularity in England and the Continent. It is an extraordinary history, full of interest and instruction; and no attentive reader who takes up Dr. Creighton's volume will lay it down a believer in the Jennerian craft."

The following letter by Mr. William Tebb, which appeared in the "Manchester Guardian," shows the general situation in 1892:—

"Sir.—The importance of the unanimous recommendations of the Royal Commission in their recent interim report, the promise of the government to consider the weight of evidence upon which this recommendation was made, and the notice given by Lord Herschell to call attention to the subject at an early day, prompt me to ask permission to present certain considerations which, in view of the present state of the question, can hardly be disregarded at this juncture. When Lord Lyttleton introduced the first Vaccination Bill, in 1853, he stated that the absolute protection from small-pox by Jenner's prescription was a point upon which the entire profession were agreed. Nothing was said about a temporary benefit which needed renewing by re-vaccination or was effective only when conjoined with improved sanitation. Nor was there any allusion to the risk of disease and death now admittedly attendant upon the operation. The evidence disclosed before the Royal Commission shows that vaccination has been a failure from its commencement, and this failure, coupled with the mischievous results of the practice in spreading serious diseases, has caused a widespread and constantly augmenting opposition to the law. The feeling is so acute in places like Keighley, Gloucester, Eastbourne, Leicester, Oldham, and other towns, that thousands of intelligent people declare they would suffer any punishment rather than expose their children to the perils of vaccination. A large majority of the people of England (including nearly all the working classes), are opposed to compulsory vaccination, as I have found by personal inquiries in every part of the United Kingdom. Household censuses made in about 100 towns and districts show that 87 per cent. are opposed to compulsion and that 68 per cent. have no faith in vaccination whatever.

"It is unfortunate that the evidence laid before the Royal Commission on vaccination should have been given with closed doors, no newspaper reporter being allowed to be present, so that the public are still uninformed of the extent to which vaccination has been discredited. On numerous occasions when the houses of vaccine recalcitrants have been stripped of furniture, or when anti-vaccinators have been handcuffed and sent to prison, large bodies of exasperated citizens have assembled and the public peace has been endangered. I have been told again and again by the more ardent spirits of this prolonged struggle, especially by those who have suffered numerous prosecutions or had their children injured by vaccination, that unless they resorted to violence they would never get the law repealed. I have unfailingly counselled the use only of active but legitimate means of agitation, and begged them not to disgrace the cause by overt acts, inasmuch as by the exercise of patience and devotion we should be sure to win, the best forces of society being with us. There is a limit to this forbearance, which will not, like Tennyson's brook, 'go on forever,' and the patience of the long-suffering people is already well-nigh exhausted. If new legislation is enacted, as recommended by the Royal Commission, and compulsion is continued even to the extent of one penalty, and that a nominal one, the government will be subjected to daily defeat and defiance. In the interests of public order, a modus vivendi should be established, as with the Quakers, Nonconformists, Catholics, Jews, and infidels.—Yours, etc.,

WILLIAM TEBB.

Devonshire Club, St. James's, London, June 9, 1892.

Four years before the object of the London Society was consummated, in the midst of the heat and struggle for emancipation from the vaccination tyranny, Wm. Tebb penned the following temperate but earnest words:—

"I would specially take this opportunity to call upon all boards of guardians, in the exercise of that discretion which the law gives them, to abstain from prosecution which inflames popular passions and creates an acute sense of injustice. I would also urgently appeal to our fellow countrymen and country women who cherish liberty, to countenance and aid us in this righteous struggle for parental emancipation. I would respectfully invite the press throughout the land to give wide publicity to the resolution of the London Society, exposing the unfair treatment we have received at the hands of the Royal Commission."

It is generally conceded to the meanest and most wicked criminal, that he has some redeeming feature; that he is not wholly and hopelessly depraved. This much too, we may concede to the Royal Commission, which though appointed and instructed to ascertain and report the facts upon the whole vaccination controversy, was nevertheless privately acting in the interest of a vaccination clique—a combination of vaccine promoters—apparently determined that the vaccination interests should "pass muster." It was not the people of England, but the vaccine syndicate whom the commission evidently regarded as their real clients, and whom they were bound in honor to vindicate at all hazards.

In their interim report the commission recommended the exemption from compulsion of the "conscientious objector." They did this, however, because the popular clamor had reached the danger point, and because the House of Commons had come to recognize the practical impossibility of forcing English people to obey a law which they practically regarded as committing them to a species of self-destruction. After forty-six years of compulsory vaccination over one-half of the 270 boards of guardians were declining to put the Act in operation on account of the vigorous nature of the popular revolt. Not only this, but boards of guardians were being elected all over the kingdom on the express ground that they pledged themselves not to enforce the act. Every effort has been made to force the boards to make the vaccination laws operative, but to little purpose. The board in Keighley, in Yorkshire, was sent to prison, but they had to be let out, and the local government board found that as long as representative government was left the people, they could not be ruthlessly trodden upon until hopelessly deprived of personal liberty.

But why this stubborn persistence on the part of the government, in cramming vaccination down the throats of a long-suffering and unwilling people? Answer: A corrupt ring of medical gentlemen had lobbied a measure through Parliament, and by false promises secured a compulsory law, which their pecuniary and professional interests required should be vigorously enforced; and the government was constantly reminded that it was expected to faithfully perform its part of the agreement with the doctors; which it did until it found it had a thoroughly aroused and indignant public sentiment to reckon with. This is certainly the most rational explanation which the case will admit of.

The main feature of the Vaccination Act of 1898 is the "conscience clause"—properly the common sense clause:—

"(Sec. 6). No parent or other person shall be liable to any penalty under section twenty-nine or section thirty-one of the Vaccination Act of 1867, if within four months of the birth of the child he satisfies two justices or a stipendiary or metropolitan police magistrate, in petty sessions, that he conscientiously believes that vaccination would be prejudicial to the health of the child, and within seven days thereafter, delivers to the vaccination officer for the district, a certificate by such justices or magistrate of such conscientious objection."

In all other regards vaccination is still compulsory in England. The dissentient can avoid arrest, fines and imprisonment only by working the "conscience racket," which he will probably not be slow in doing since only vaccination promoters and the uninformed portion of the community have any interest to continue their connection with the business firm at the "old stand."

REVOLT AGAINST COMPULSORY VACCINATION IN INDIA.

The report of the working of the vaccination department in Bengal for 1872, the commissioner says the compulsory law in the rural districts is practically a dead letter. Vaccination is rejected by all high class Hindoos—the Brahmins, Burmahs, Rajputs, and Marwaries; while among the Mohammedans, the Ferazis hold the rite in the utmost contempt. Nearly every village—according to the commissioner's report—many families persistently refuse vaccination, and secrete their children to escape the vaccinators.

In order to overcome these prejudices, advantage was taken of the Hindoo's known reverence for their ancient sages and philosophers, by palming off upon them deliberate literary frauds. A Mr. Ellis, of Madras, well versed in Sanscrit literature, composed a short poem in the native's language on vaccination, tracing the origin of vaccine pus to their sacred cow. This he professed to have deciphered from very ancient parchments. In Bengal, similar attempts were made to deceive the inhabitants. Some very ancient leaves were purported to have been found, containing a chapter on "Masurica," or chicken-pox. The doctors quoted the following words, which they alleged were contained in the ancient Sanscrit, on these musty parchments:—

"Taking the matter of pustules, which are naturally produced on the teats of cows, carefully preserve it, and, before the breaking out of small-pox, make with a fine instrument a small puncture (like that made by a gnat) in a child's limb, and introduce into the blood as much of the matter as is measured by a quarter of a ratti. Thus the wise physician renders the child secure from the eruption of the small-pox."

—See "Life of Jenner," by Bazon, Vol. I, page 557.

Think of it—forgery—the actual forgery of manuscripts to keep the Hindoo mind chained to the blood-poisoning Moloch, vaccination. What could be more infamous?

It is much like the practice imputed to the church in generations long gone by; namely, that it is right and proper to lie and deceive when the interests of the church could thereby be enhanced. At any rate, the vaccination-business syndicate is up to that sort of thing, not seeming to recognize even a remote connection between corporation-conscience and Sunday service. In India, it can be shown that this species of deception has been practiced on a large scale. Not only this, and notwithstanding the multiplied proofs that vaccination in that country, is not only a complete failure as a prophylactic against smallpox, but a cruel injustice to the native population. Yet there are plenty of English doctors continually plotting to extend coercive legislation and increase the penalties for non-compliance with the law. When the Vaccination Bill of 1892 was before the Bombay legislative council, to make vaccination compulsory in certain additional districts, a native Brahmin asked for an amendment, and pointed out the danger of transmitting leprosy and syphilis by means of arm-to-arm vaccination, and then read before that body a letter from a Brahmin physician—Dr. Bahadurjee—in which he writes:—

"In answer to your letter in which you ask me my personal opinion on the arm-to-arm vaccination method, which it is intended to be enforced by the new Vaccination Bill, I have no hesitation in saying that, besides it being not suited to the peculiar conditions which obtain in this country, on professional grounds the method is objectionable, and for these reasons:—

I. Arm-to-arm vaccination obviously acts as a channel for the transference of some skin diseases, and affords a ready means for propagating such inherited constitutional taints as those of syphilis and leprosy. No doubt, special rules, with full details, will be framed for the guidance of the operators in their selection of proper subjects, with a view to avoid those mishaps; but having regard to the class of men from whom the supply of district vaccinators is to be obtained, the detailed rules will be of as much use to them as the paper on which they were printed.

II. Syphilitic taint does not necessarily show itself in ill-health at the early age at which vaccination is practiced and demanded by law. A child may be in fair health, and yet have inherited syphilis. Moreover, syphilis does not stamp itself on the face and arms, so much as on the back and legs—parts not generally examined by the vaccinator, and thus apt to be overlooked. Only yesterday I was asked to see a case of skin disease in a child. On stripping the child bare, I found him fairly healthy to look at, and could see no skin blemish on his person. But closer examination of the hidden parts revealed the presence of unmistakable condylomata (syphilitic). These condylomata unnoticed, I should have passed the child as a very fair specimen of average health, and a fit subject to take the lymph from. Syphilis, as betrayed in obtrusive signs, is not difficult to recognize, but when concealed, as is more often the case, it is by no means easy to detect it.

III. In the case of leprosy it is still worse. There is no such thing as a leper child or infant. The leper heir does not put on its inherited exterior till youth is reached. And it is by no means possible by any close observation or examination of a child to say that it is free from the leprous taint. Surely arm-to-arm vaccination will not help to stamp out leprosy. On the contrary, it has been asserted, and not without good reasons, that it has favored the propagation of the hideous disease.

IV. It is acknowledged that extreme care is required in taking out lymph from the vesicles to avoid drawing any blood, for blood contains the germs of disease. Extreme care means great delicacy of manipulation, and delicacy of manipulation with children is not an easy task, and requires some experience and training. Is this to be expected from the class of men who are going to act as public vaccinators in the districts? Supposing a district vaccinator to acquire it to some extent after considerable practice, what about the delicacy of manipulation of one newly put on?

V. Puncturing a vesicle with such delicacy as not to wound its floor and draw blood is one great difficulty. But the selection of a 'proper' vesicle is another as great if not a greater difficulty. Products of inflammation are charged with the germs of disease, the contagion of contamination media, as much as the blood itself is. And the contents of an inflamed vesicle are quite as contaminating as the blood itself of a subject who, though charged with the poison of (inherited) syphilis or leprosy, has none of the obtrusive signs of the taint for identification. And as here inflamed, i. e., angry-looking vesicles are not the exception but the rule, as can be easily told by personal observation and experience and equally easily surmised if the habits of our poor be duly considered. Thus, even if no blood is drawn, the danger of transferring constitutional taints by the arm-to-arm method is by no means small; remembering that leprosy that claims India, and not England, for one of its homes, does not admit of any detection on the person of a subject from whose arm lymph may be taken, and that syphilis is more often difficult to detect than otherwise, and remembering, also, that both these are often met with largely in some districts."

—"Leprosy and Vaccination," Wm. Tebb, page 355.

In nearly every village in India arrests and imprisonments for evading vaccination are of daily occurrence. Of this I speak from personal knowledge having witnessed the fact during my several visits to India and Ceylon. There are numerous families who if they fail to keep their offspring out of reach of the detested vacinator, after his departure they employ every means to wash and rub out the vaccine poison; suck it out, cauterize the wound, and treat it much as we should a rattlesnake bite, or the bite of a mad dog. In a future chapter I shall return to the case of India again.

VACCINATION IN THE WEST INDIES.

On the Island Barbados, with a population of 1,096 to the square mile, there is no compulsory vaccination. The popular feeling in the island is so vigorously emphatic against vaccination, that its advocates are afraid to move in the matter, and any attempt to enforce it would undoubtedly create a riot. William Tebb, who made the tour of the island in 1888, interrogated all classes upon this question and he writes:—

"From the chief justice, Sir Conrad Reeves, to the poorest boatman or sugar plantation laborer, from one end of the island to the other, I failed to discover a single advocate of compulsion. Let those have it who want it, but don't force it upon me and mine, was the general straightforward reply."

Yet epidemics are less frequent in this island than in the well vaccinated islands of Jamaica, Martinique, Guadeloupe, and Hayti. Another reason why they have kept compulsory vaccination at bay, is that they have representation in the government of the island.

In Grenada, another island under English rule, the people being less proud and independent, compulsion is enforced with a rigor which amounts to cruelty, and as might be expected, small-pox frequently occurrs.

The following is from a local paper, "The Grenada People," June 9, 1892:—

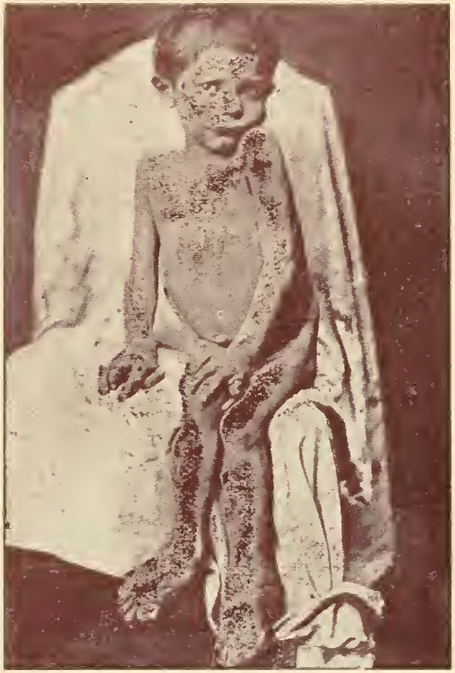
"During this week, upwards of thirty or forty of the peasants have been hauled before the police magistrate of the southern district for alleged violation of the vaccination act. In nearly every case fines of half-a-crown have been imposed, representing almost half of the week's wages which these unfortunates, if they are employed, can hope to earn. In face of the Royal Commission on Vaccination, we do not see why the old law, making vaccination compulsory should be still enforced. At most, it is of doubtful benefit; and doctors differ as to the positive good or injury which it does. The advocates of Jenner's specific can quote very few cases, if any, in its support; whilst its opponents point with force and truth to the positive injury it has inflicted. Here, in Grenada, pure lymph is seldom employed. As a consequence, many of the children submitted to the process of vaccination contract therefrom fatal diseases. The lymph, in many cases, is collected from children inheriting a taint of the scrofulous disease which prevails amongst the peasantry; and many an otherwise healthy child, after the process of vaccination, presents the appearance of a disgustingly yawsey patient. As eminent medical men differ as to the value and utility of vaccination, we think it ought not to be made an offence punishable by fine or imprisonment if parents refuse to vaccinate their children; but that the law should be amended in the direction suggested by the Royal Commission in their recent report, i. e., it should be optional with the parent whether the child should be vaccinated or not."

ON THE CONTINENT.

Among the Latin populations—France, Austria, Italy, and Spain—where personal liberty is taken far less account of than among Anglo-Saxon peoples, the government has far less trouble in carrying out compulsory legislation. In France it has not generally been as rigorously enforced as in England. The higher thinking classes generally opposed it; but new regulations are coming into force which makes vaccination a necessary preliminary for admission into the public schools and into the army. In Italy the vaccination laws are extremely stringent and yet they are yearly meeting with stronger opposition. The authorities are disposed to attribute the spread of small-pox in all cases to the existence of a small percentage of vaccinated persons; and this in face of the fact that large sections of the Italian population live in the midst of notoriously filthy conditions. There are many eminent medical men in Italy, however, who view this whole subject from the most enlightened standpoint; and if once the commercial element could be eliminated from the vaccination practice, it would take but a short time to consign the superstition—so far as legislation is concerned—to the under-world where eighteenth century inoculation has gone.

In Holland, Switzerland, Belgium, Norway and Sweden, no soldier is now compelled to be vaccinated. In Switzerland, the terrible effects which followed many cases of vaccination caused

"Vaccination is the Curse of Childhood."



JOHN PFAENDER.

(See Page 113.)

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the people to rise in their majesty and overthrow the compulsory vaccination system. Here is one from a large number of Swiss cases where vaccination published its own repulsive characteristics. I subjoin a reprint from a monthly journal of health —Terre Haute, Indiana.

VACCINATION IS THE CURSE OF CHILDHOOD.

"John Pfaender, child of healthy Swiss parents, born September 23, 1875, was sturdy, beautiful, and healthy until vaccinated, June 16, 1876, by the official vaccinator. Eight days later his feet began to swell, abscesses formed, his teeth began to rot, his glands to swell and fistulous sores appeared on his hands and feet. The foregoing photograph was taken in May, 1882. He could neither walk, nor stand. Several of the bones of his hands had rotted out.

"It was such cases as this that led the Swiss people to overthrow the infamous system of blood poisoning, yclepted vaccination, which a medical clique was seeking longer to impose upon them. Since its rejection, not only has there been less small-pox, but the general death rate is the lowest in Europe. There are thousands of such cases in this doctor-ridden land. It is time the American people should know the truth in all its hideousness. Surely the spirit of freedom, the good sense and parental affection will soon arise and banish forever this murderous outrage and insiduous cause of so much disease and death."

AUSTRALIA.

New South Wales has but a very small per cent. of vaccinated persons. This fact I fully established during my several visits to this country—and yet small-pox has been literally stamped out by adopting a vigorous policy of isolating small-pox patients and by thorough sanitation in urban districts. Sir Richard Thorne, in his testimony before the Royal Commission, said: "The evidence is so abundant that I could keep you for hours in telling of cases in which epidemics have evidently been prevented by cleanliness and the isolation of the first cases." Sir Richard speaks of twelve different occasions where the disease did not spread beyond the house originally attacked.

COMPULSORY VACCINATION IN UNITED STATES.

In nearly all, if not in every state of our American union, compulsory vaccination laws have been enacted, but in nine-tenths of these states the law is a dead letter on account of the extreme difficulty of enforcing it. The thinking, reasoning masses are strongly opposed to it and this opposition is becoming an army. Occasionally boards of health in municipalities are instructed to enforce the law. Then for a time the schools are closed against all children whose parents positively refuse to expose them to this public enemy—this serpent that stings and scars. A hot contest immediately succeeds; mass meetings of indignant citizens are held and anti-vaccination leagues are organized; a test case is carried to the higher courts, and in the long run, when the fight is maintained with vigor and unyielding persistence the law is decided to be unconstitutional—as in the celebrated case from Geneseo, Ill.,—and the doors of the schoolroom are again opened to children who have been cruelly deprived of at least one entire term of school privileges. And for what? That a hungry hoard of second-class, scrub doctors may compel every householder in the land to pay tribute for a public commodity upon which the devil (personified meanness of the vaccine syndicate) has put his stamp. How much longer—oh, how much longer, I ask will the American voter tolerate this infamous travesty of justice, this flagrant outrage upon his personal rights. The American's house is his castle and no doctor with poisoned lancet has a right to cross the threshold of his door and poison and scar his children.

Usually from one to two new-school doctors, or psychic physicians, in a municipality, head the agitation for reform. The balance go with the Scribes and Pharisees and affect to sneer at and despise the dissentients as a crazy lot of agitators, "who make a great ado about a perfectly harmless operation which injures nobody, but is a wholesome precaution against a common danger." Bourbons learn nothing. They are stupidly conservative. While the rank and file, go the easy way; and not until the danger becomes painfully apparent with swollen arms, ulcerous sores and perhaps death in their own households, do they consider the question of vaccination of sufficient importance to engage their serious attention. True, no one is vaccinated by physical force in this country as they are in some parts of Germany, but exclusion of children from public schools and of grown persons from government employ are unjust and illegal, constituting an oppressive meanness which American citizens will not continue to tolerate when they come to fully realize the true danger and degradation of the situation.

A decision of the supreme court of the state of New York in June, 1874, deprived the health commissioners of the powers which they had previously claimed to enforce vaccination and revaccination of adults. The attempt to compel free-born citizens of a representative commonwealth to submit to vaccination on the pretence that it is the "greatest good to the greatest number," when their common sense and higher intelligence not only rejects its prophylactic value, but when their souls likewise abhor the vile intruder as a hundred times more to be dreaded than small-pox—the attempt to coerce, I repeat— will ere long meet with such an angry, if not violent, protest that every compulsory act will be swept from statute books, else I fail to interpret rightly the quality and rigid energy of our Americanized, Anglo Saxon genius.

Humanity constitutes a brotherhood and what affects one sympathetically affects the whole. Two classes in the United States particularly suffer in consequence of our outrageously unjust vaccination legislation—namely, the poor man and child, and the emigrant who lands at Castle Garden to make his home in this widely proclaimed, the land of the free. "Be vaccinated or be returned in the next census as among the illiterate," we say to every poor man's child. And the public vaccinator—who has become nothing less than a scourge in the land—would have the state keep those innocent children in illiteracy until the parents consent to hand them over to them to be punctured and poisoned at $1.00 a head. "Be re-vacinated or stay out," we say to every emigrant who proposes to adopt an American citizenship. Here are a few instances of the practical working of our vaccination laws as they relate to emigrants:—

A German physician left Bremen on the steamer Nekar—Lloyd line—in November, 1882. Besides 110 cabin passengers there were nearly eight hundred in the steerage. This physician writes:—

"The United States law provides that every emigrant without regard to age or physical condition, shall be vaccinated within twenty-four hours after leaving the foreign port. Many of those on board were exceedingly ill, and to anyone who has ever suffered the pains and pangs of "seasickness" it will be apparent that that was not a favorable nor a proper time for vaccination, but it must be done, for the law is clear and peremptory; there is no evading it, for on our arrival in New York, all those who cannot show a certificate from the ship's surgeon are consigned to Blackwell's Island.

"During the three days following our departure from Bremen, vaccination was the order of the day in the steerage. I was enticed thither by curiosity, and what I there saw was suggestive, to say the least, to me, and may be of interest to you. The surgeon sat on a box in the storeroom, lancet in hand, and around him were huddled as many as could be crowded into the confined space, old and young, children screaming, women crying; each with an arm bare and a woe-begone face, and all lamenting the day they turned their steps toward 'land of the free.' The lymph used was of unknown origin, kept in capillary glass tubes, from whence it was blown into a cup into which the lancet was dipped. No pretence of cleaning the lancet was made; it drew blood in very many instances, and it was used upon as many as 276 during the first day. I inquired of the surgeon if he had no fear of inoculating disease, or whether he examined as to health or disease before vaccinating. He replied that he could not stop for that, besides, no choice in the matter was left with him. The law demanded the vaccination of each and every one, and he must comply with it or be subjected to a fine. I thought it a pitiful sight, and am persuaded that could the gentlemen through whose instrumentality the law was enacted, see what I saw of the manner in which it was carried into effect, they would be as zealous in seeking its repeal. As conducted, the law is an outrage, and no one can estimate the number of helpless, innocent children, as well as adults, who are inoculated with syphilis or other foul disease, on every ship bringing steerage passengers to our shores."—G. H. Merkel, M. D., in the "Massachusetts Medical Journal," November, 1882.

The following extracts from a graphic letter by a scholarly layman, describes the painful treatment to which emigrants are subjected:—

Brooklyn, New York, May 7, 1883.

Dear Sir:—I found the vaccination tyranny much more than sentiment on board the Adriatic. Aboardship, as everywhere, it has attained terrible proportions, which makes it probable that in the near future it will become the Great Terror that shall 'cause that as many as will not worship the image of the beast shall be killed,' and that 'no man may buy or sell save he that has the mark of the beast.' * * * * * * * * *

"One morning it was rumored that the doctor was coming to examine the passengers, and I went with two friends to the surgeon to state our objections. I told him that as we had been vaccinated, if that fact would let us pass without further trouble, we could satisfy him; but if not, vaccinated we would never be.

Like most doctors, he was without capacity to understand our conscientious objections, and the degradation involved in submission to the rite. He curtly told us the law was not his; it was United States law. He should come forward at two o'clock and if we showed him that we had been vaccinated he would give us a certificate, and if not, he would vaccinate us if we chose; if not, we must take the risk of passing the doctor at the port. It mattered nothing to him. * * * * * * * *

"By and by came the doctor in his gold-laced cap, with his bottle of 'lymph,' pure from the sores of children or heifer's buttock, and commenced operations. First a rope was stretched from a post, and held by two stewards in a horseshoe form, and into this enclosure passed, one by one, the victims of an insane medical legislation, and bared their arms to the Medical Ignoramus, who stood on the other side. If he there saw the orthodox scars, he forthwith bestowed a ticket like this:—

White Star Line.
S. S. 'Adriatic.'
VACCINATED.
C. S. Murray,
Surgeon.
14th April, 1883.

Which further had this exhortation on the back:—

PASS.
Keep this card to avoid detention
at quarantine, and on railroad in the
United States.

"There was nothing in common among them save their degradation, and, as I thought, the most degraded of the lot was the vaccinator. How a man with any sense of decency and the congruity of things, could for mere pay consent to the folly that the individuals of such a heterogeneous crowd were all alike liable to small-pox, and were all alike saved by his performance, passes my understanding. It is hard to believe in a man's sincerity in view of such absurdity; and yet he may be sincere. When a lie is taught, and still more when a lie is practiced, it confounds the intellect, and is ultimately taken for the truth of truth. Yours truly,

F. SCRIMSHAW.

In the issue of the New York Tribune, March 18, 1884, is a significant editorial of the "Cow and Hog Doctor" trying to work up a panic among the farmers when some sickness appears among their live stock. These editorial comments apply so exactly to the vaccination doctors that a paragraph will be appropriate here.

"Whence, then, all this noisy affirmation? It emanates from a few persons already in government employ and naturally anxious to enlarge and perpetuate their easy places. Every slight local sickness is magnified and telegraphed over the whole land, as was the case the other day in Columbia county, N. Y. The alarmists are thoroughly organized; they have been working toward this one end half a dozen years, and it is proverbial that Plea is much more active than Protest."

Certain doctors in San Diego, Cal., headed by one pretentious Jones endeavored to get up a small-pox scare by starting the report: "Small-pox is spreading with alarming rapidity in Los Angeles and we shall have hundreds of cases here in a few weeks unless the city is thoroughly vaccinated." The cry spread, lancets were unsheathed, and doctors' pockets were filled. I repeat, if it were possible to eliminate the commercial feature from the vaccination enterprise, this pathetic solicitude, on the part of the dear doctor to guard the public against the alleged danger of small-pox epidemic, would soon be found drooping.

"A SMALL-POX SCARE PROBABLE."

"Compulsory vaccination has been knocked out for the time being in Duluth, and we know that most of the really progressive and up-to-date physicians hope that it is knocked out for all time, but not so with the vaccination doctors, who made all the way from five to fifteen dollars a day in the way of vaccination fees during the last three weeks. It is estimated that the recent bulldozing scheme only brought about one-fourth of the children for vaccination after all, and the professional vaccinators wish as many of the other three-fourths scared into camp at no distant day, as possible. So, look out for another small-pox scare during the coming winter."—Duluth (Minn.) Tribunal.

A judge of the circuit court of Milwaukee recently decided that compulsory vaccination of children by order of the board of education as a preliminary to their admission to the public schools of Wisconsin, was unconstitutional. The circuit courts in several other states have rendered similar decisions.

But the noble state of Illinois has given the hardest blow to compulsory legislation which has yet come under my observation. Thanks to the pluck and persistent fighting qualities on moral grounds of a single man. A test case was brought from Geneseo in which George Lawbraugh was the plaintiff. Five years ago the board of education of that town issued their mandate, that all unvaccinated children after a certain period would be excluded from the public schools. Mr. Lawbraugh had a little girl whom he proposed should remain in school, which as a citizen owning real estate, he had paid his lawful tax to support. He also proposed that his daughter should not be polluted with the vaccinator's lance and poison pus. He had already lost a little boy from the effects of vaccination and he declared in terms most positive that his remaining child should not take a similar risk; and yet, she was peremptorily excluded from the school. Upon Mr. Lawbraugh's representation the state superintendent of schools advised the board of Geneseo not to enforce their mandate against this little innocent girl; but the doctors standing shoulder to shoulder behind the board, the board stood by their mandate. Then Mr. Lawbraugh brought an action in the circuit court on two grounds:

(1). That compulsory vaccination was unconstitutional.

(2). That it was dangerous to the health of the rising generations.

That court decided against Mr. Lawbraugh. He then carried the case up to the appellate court and again lost it. Brave, honest, cultured, and true to principle, he then carried his case to the state supreme court, where, after a patient hearing, that august body rendered a sweeping decision for the plaintiff—a decision which declared the vaccination act unconstitutional.

This moral contest upon the part of Mr. Lawbraugh was not only noble and commendable, but it has likewise established a precedent in this country by which hundreds and thousands of children will escape the wicked work of the detestable enemies of our rising generation. It is indeed a sad commentary on the form of society under which we live, that human interests instead of being mentally helpful, morally up-lifting, and productive of brotherhood, are largely destructive and antagonistic to health and happiness. Each class thrives, or strives to thrive, at the expense of every other class, warring not only against its rivals in the same field of activity but likewise against the common social integrity.

The corner-stone of modern society is self-interest and in its service we do not identify our brother's interests with our own, but rather sacrifice that brother that our own selfish self-interest may the better thrive. It has been too often and too truly said, that the interest of the lawyer is prompted by quarrels; that of the priest by ignorance, superstition, and creeds; the dividends of corporations by the helpless dependence and impoverishment of the masses; and finally that the self-interest of the doctor depends upon a sort of composite degeneration and degradation, ignorance, dirt, disease, dependence, and transmitted superstition. Thus we have a "brotherhood of thieves," for each of the four cardinal points of the compass. How is it possible then for the masses to rise and throw off this and that incubus when all institutions are framed with a special reference to plunder and despoilation manipulated by politicians?

Nevertheless, it must needs be in this preliminary state of unfoldment, "that offences will come;" but great and good men—men full of faith, the meantime, will hail the faintest token of the approach of the normal order in which there will be no bitter war among the members, but each will contribute to the up-building and moral integrity of the whole, while the whole will exercise more than a mother's care for the nourishment and protection of each member. Good men will hail the approach of that order in which the lawyer, unless peradventure their breed will have become extinct—will have no quarrels to promote or prolong; wherein the priest will give love for love and service for service, instead of preaching the obsolete dogmas of a petrified

Calvinist creed for five thousand dollars a year; an order in which corporate interests will include the whole people and where commerce will bestow its unstinted blessings upon every member of the commonwealth; aye, an order in which the physician, a physician, indeed, from whose ranks the blood-poisoning vaccinator shall have disappeared; an order in which the doctor will become the chief educator, a welcome guest in every household; a friend whom the youth and maiden can counsel with and confidingly trust, who will rejoice in the public health and the private health of both soul and body, and from whose abundant personality will radiate and flow forth the same quality of health and life and joy which made the Christ dear to his disciples. Jesus healed both soul and body. This is the work of the true physician.

SUMMARY OF VACCINATION ACTS, OF ENGLAND, CONSIDERED.

1840. To extend the practice of vaccination.
1841. To amend the vaccination act.
1853. Vaccination made compulsory.
1861. To facilitate prosecutions.
1867. To consolidate and amend the acts.
1871. To amend and more vigorously enforce the act.
1874. To explain the act of 1871.
1898. To insert the "Conscience Clause."

CHAPTER V.

LOCAL CONTESTS ON THE VACCINATION QUESTION.

"I can sympathize with, and even applaud a father who, with the presumed dread in his mind, is willing to submit to judicial penalties rather than expose his child to the risk of an infection so ghastly as vaccination."—Sir Thomas Watson, M. D., London.

Although the courts in many states have decided that boards of health or education cannot compel school children to be vaccinated, there is nevertheless a general and a vigorous move of late by these same boards to enforce compulsory legislation on the subject. These "boards" pretend to be acting in the interests of humanity and of the public health. Similar public interests were near and dear to the hearts of the Spanish Inquisitors, who drove the Huguenots out of France and burned scores of thousands at the stake on account of their "mischievous" opinions. No, the intelligent portion of the American people have at last taken the true measure of such physicians as wield the lancet and the poisoning, putrifying calf pus. As doctors they are behind the age in their profession; as business men they will pocket fees, though their professional edicts turn every poor man's child out of the public school. I ask, how much longer are intelligent Americans going to submit to this infamy? How much longer will they permit an unscrupulous class to victimize their children and defraud them of their birthright for the sake of putting shekels in their pockets? These health boards and examining boards be it remembered, have only in rare instances been asked for by the people. They are part and parcel of the vaccinating business firm, who instead of teaching sanitation and cleaning up centers of pollution where zymotics originate, enforce upon a long suffering populace a vile and discredited commercial commodity. As we always have the "poor" with us, so likewise the body politic is weighted down with a surplus of doctors turned loose from the medical colleges every year to prey upon society, not one-half of whom have the slightest genius for physic, and ought by all means to have kept their place in the ranks of the "Man with the hoe." Not able to get a living in the field of legitimate medical practice, they become "shysters" of the noble profession, secure appointments on boards of health, corrupt legislatures, get up small-pox panics, and saddle the public with fees for services which are curses and nothing else.

Doctors must be supported, aye, right royally supported. Vaccination and compulsory laws are what they have found to be a superb thing. The public welfare—it is a hypocritical pretence! Some of them would consign every child in the community to an incurable disease, or slam the door of the school room in their faces, for the sake of the profit their lymph-poisoning practice affords them. The public health is the least and last thing that concerns many of them. The compulsory law was not gotten up to make people more healthy, nor to prevent disease. If it had been, its promoters would manifest some solicitude regarding the real causes which every well informed person knows are the principal sources of all the zymotic diseases in this country, in the poor and crowded quarters of all large cities. These the vaccinators, like the Levite, pass by.

Read the fearful arraignment of the distinguished Dr. A. M. Ross, of Toronto:—

"In March, 1885, my attention was aroused by a report that several cases of small-pox existed in the east end of Montreal. Knowing something of the filthy condition of certain localities, I made a careful sanitary survey of all that part of the city east of St. Lawrence street, and southwest of McGill and St. Antoine streets. What I saw I will attempt to describe—what I smelt cannot be described! I found ten thousand seven hundred cesspits reeking with rottenness and unmentionable filth; many of these pest-holes had not been emptied for years; the accumulated filth was left to poison the air of the city and make it the seed-bed of the germs of zymotic diseases. Further, I found the courts, alleys, and lanes in as bad a condition as they possibly could be—decaying animal and vegetable matter abounded on all sides. Everywhere unsightly and offensive objects met the eye, and abominable smells proved the existence of disease-engendering matter, which supplied the very condition necessary for the incubation, nourishment and growth of small-pox.

"Knowing well the fearful consequences that would result from the presence of such a mass of filth in such a densely populated part of the city, I gave the widest publicity to the subject, hoping thereby to rouse the municipal authorities to a proper appreciation of the danger that menaced the health of the city. But I was an alarmist; my advice went unheeded and the filth remained as a nest for the nourishment of small-pox, which grew in strength and virulence rapidly, until it swept into untimely graves, from the very localities I have mentioned, thirty-four hundred persons!—victims of municipal neglect. Instead of removing the filth and putting the city in a thoroughly clean, defensive condition by the enforcement of wise sanitary regulations and the adoption of a rigid system of isolation of small-pox patients, the authorities were led by the medical profession to set up the fetish of vaccination and proclaim its protective virtues, through the columns of an ignorant, tyrannical and time-serving press. Day after day the glaring, snaring headlines of 'Vaccinate! vaccinate!' 'Alarm! alarm!' appeared in the morning and evening papers. A panic of cowardice and madness followed, and tens of thousands of people were driven (like sheep to the shambles of the butcher), to the vaccinators, who reaped a rich but unholy harvest. Not less than 100,000 people were vaccinated while the panic lasted, yielding an unrighteous revenue to the vaccinators of at least $50,000.

"Cleanliness, sanitation, and hygiene were 'nonsense,' unworthy of notice or consideration by the board of health! Tens of thousands of beastly vaccine points were imported and distributed among the vaccinators, who were sent forth to poison the life blood of their victims and kindle the flame of small-pox.

"I did all in my power to convince the authorities and the people of the sad mistake they were making; but ignorance, vaccination, and love of money gained the ascendancy, and three thousand four hundred innocents were sent to untimely graves.

"The truth of my prophetic warnings in March, 1885, was amply and sadly verified by the sickening and mournful fact that thirty-four hundred persons, mostly children under twelve years of age, died from small-pox in the very localities I pointed out as abounding in filth; while in the west end, west of Bleury and north of Dorchester streets, where cleanliness prevailed, there were only a few cases and these sporadics. I do not hesitate to declare it as my solemn opinion, founded upon experience acquired during the epidemic, that there would have been no small-pox epidemic in Montreal if the authorities had discarded vaccination and placed the city in a thoroughly clean and defensive condition when I called upon them to do their duty in March, 1885. The greatest incompetency, cowardice, indifference and fickleness prevailed among the health officials. When at last the dread disease carried off sixteen hundred victims in October (although 100,000 people had been vaccinated), they began to enforce a system of isolation, which I had repeatedly but vainly recommended during March, April and May. When vaccination ceased and isolation was enforced, the epidemic rapidly subsided.

"The causes, then, which gives rise to and propagate small-pox are within our control and are preventable. They may be summed up briefly as follows:—

"Overcrowding in unhealthy dwellings or workshops, where there is insufficient ventilation, and where animal or vegetable matter, in a state of decomposition, is allowed to accumulate; improper and insufficient diet, habits of intemperance, excess in eating, idleness, immorality, and unsanitary habits of life, such as the neglect of ablution and the free use of pure water, want of proper exercise, and other irregularities of a like nature."

No money in that sort of thing for the third rate vaccinating doctor! It may be conceded that the average physician is an honorable man personally, the same as the average priest or lawyer or merchant; but vaccination with him is not philanthropy, but business; it is one of his modes of making a living and getting on in the world.

Dr. Ross, above quoted, and most of the truly great physicians whom I have quoted in these pages, belong to the real nobility of the profession. These are physicians who place the public health and welfare above merely commercial motives. These are physicians of the normal order, the true friends of the race, whom future generations will delight to honor. These not only see where the trouble is located, but do what they can to remove the active causes of disease. It is this class who are laboring to secure better sanitation, and who are trying to teach the people that the real preventives of sickness lie in the observance of the natural law. But it is small headway that a few noble reformers can make in the direction of thorough sanitation when they have to deal with corrupt and unscrupulous politicians and municipal boards who are continually plotting selfish schemes for place, pelf, and privileges for themselves.

Now, if the citizens of each municipality will exhibit a little firmness and more conscientious enthusiasm they can make a dead letter of the "edicts" of local boards of health and education. In the highest courts these edicts are invariably set aside. To each parent I declare: if you submit to have your children vaccinated; if you allow this public enemy to enter your households with his lancet and putrid pus to imperil the future of your children, you are morally responsible before high heaven!

The legal authority by which the vaccinator assumes the right to perpetuate this outrage upon the innocent little ones committed to your charge, is a base, infamous, and un-American usurpation which your state constitution and your highest court do not sanction. You need not submit your children to this accursed rite, nor need you submit to have them defrauded of school privileges which you have been taxed to provide. In many towns local boards have been chosen in accordance with an enlightened public sentiment; and these, knowing their constitutional rights, pay no attention to the Philipics and edicts of any state board. In other towns the sentiment is aroused, but the health and educational boards, being creatures of the political "ring," issue their mandates and then a hot contest is at once precipitated.

A HOT CONTEST IN SAN DIEGO, CALIFORNIA.

I spent the winter and early spring of 1898 in my sunny home in San Diego. Early in February—if I remember—the local board of health directed the school board to issue a peremptory order that every child attending the public schools should be required to present a certificate of vaccination to their teacher, and on failing to do so should be excluded from further attendance. The battle was on. Among the papers in the city, the Union was conservative, rather siding with the vaccination doctors; but the Sun and Vidette freely opened their columns to my pen sketches of the situation. Only one doctor—P. J. Parker, M. D.—saw fit to publicly notice my arraignment of the vaccination practice, and he was extremely reserved and guarded. I opened the ball with the following letter to the Daily Sun:—

"Editor Sun: At the close of my lecture Sunday evening in the hall, literally packed, the subject came up relative to vaccinating our school children. The consensus of opinion was decidedly against it—a majority of certainly nineteen-twentieths of those present. Further, it was a general expression that the doctors, lawyers, druggists, and merchants be vaccinated or revaccinated, and that the school children—our dear school children—be spared.

"When I began the practice of medicine over 50 years ago, bleeding was far more popular with doctors than vaccination is today. Times change. Vaccination 'wearing out,' as the theory is, in from about three to seven years, I was induced to be revaccinated in San Francisco just after the commencement of our late civil war, and came near losing my arm from the dire effects of the deadly poison. It put me in bed three weeks and impaired my health for several years. Personally, I should infinitely prefer the small-pox, treating myself, than to undergo another such life-endangering siege of suffering from vaccination.

"While there is no epidemic of small-pox in our city, nor the likelihood of there being any, it seems not only presumptuous but absolutely appalling that health officers should order vaccination. It certainly cannot be for the picayune finances that will accrue to a few physicians. They surely are not so grasping and heartlessly greedy as that. Can it be from a lack of information?

"It is well-known by the most eminent and erudite physicians of today that while vaccination is not even a common safeguard against small-pox, it often conduces to blood-poisoning, erysipelas, eczema, and consumption.

"Am I told, referring to 'tubes and points,' that calf-lymph-glycerinated vaccine, 'the pure,' will be used? Pure poison! Think of it, parents! Pure pus-rottenness—think of it! Pure calf-lymph from calves' filthy sores put into the arms of innocent babes and school children. 'Pure!' Why it is virtually beastly calf-brutality thrust into our children's budding humanity!

"The battle for compulsory vaccination was waged by spells most vigorously in the British house of parliament for nearly a dozen years, and finally a parliamentary commission, after a long and most rigid investigation, virtually reported that vaccination should be 'optional,' rather than compulsory.

" A personal friend of mine, William Tebb, of London, one of God's noblemen, was arrested, if I rightly remember, fourteen times for refusing to have his children vaccinated. He paid his fines—and now wears a victor's wreath. And I, too, would be arrested—aye, I would rot in jail before I would again have that damnable vaccine poison thrust into my arm or into my children's arms.

"Prof. Kranichfield, of Berlin, said in an elaborate report: 'I, too, vaccinated my children at a time when I did not know how injurious it was. Today I would resist if necessary the authorities and the police law.'

"Dr. Gregory in the Medical Times, June 1, 1852, (and then medical director of the London Small-pox hospital) said: 'The idea of extinguishing the small-pox by vaccination is as absurd as it is chimerical, and is as irrational as it is presumptuous.'

"Dr. Stowell, after twenty years' experience as a vaccine physician in England, said: 'The general declaration of my patients enables me to proclaim that the vaccine notion is not only an illusion, but a curse to humanity.'

"In a house to house census of a number of cities, towns, and villages in the north of England to furnish an average test of the dangers of vaccination, there were reported '3,135 cases of injury and 750 deaths, alleged to be due to vaccination.' This report was sent to the members of Parliament and to the prime minister.

"P. A. Taylor, a member of Parliament, said in a Commons' speech: 'I have seen scores of parents who tell me that they honestly believe that their children had died from vaccination. I am opposed to making it compulsory.'

"Alfred Russell Wallace, LL. D., F. R. S., the compeer of the great Charles Darwin, says: 'that vaccination is the probable cause of about 10,000 deaths annually, by five inoculable diseases of the most terrible and disgusting character.'

"William Tebb on July 2, 1892, gave evidence before the Parliamentary Royal Commission as to 2,138 cases of injury, and 540 deaths alleged by the proper medical signatures to be due to vaccination up to the end of 1889. * * * In the third report, (page 172), the number of injuries is increased to 10,309—think of it—and this in solid, conservative old England.

"If necessary I can furnish the testimony of many eminent American physicians, college professors, in confirmation of the danger, and of the deaths resulting from compulsory vacination.

"Upon the grounds, therefore, of continuous good health to our children; upon the grounds of absolute right; upon the grounds of personal liberty vouchsafed by the constitution of the United States, and upon the grounds of regard to the mature judgment and cultured consciences of many educated parents and prominent San Diego citizens, I hope—earnestly hope—that this vaccination order will not be pressed.

J. M. PEEBLES, M. D."

The moral indignation of the community was aroused, and the local press teemed daily with articles from indignant citizens and with spirited editorials on the all-absorbing controversy—the two papers named siding with the people; but the Union editorials abounded in expressions of "good Lord and good Devil," yet leaning perceptibly toward the latter. Among the protests from citizens, the following is a sample:—

"Editor Sun: I consider that I have a grievance that it is my duty to put before the people of this city.

"My son tells that he is excluded from the schools because he can not show a certificate of vaccination. I sent a note by him this morning to Professor Freeman in which I desired the following information: If Jamie, my son, is not allowed to continue in the school, please, in justice to me, give me a written notice of his expulsion. I added also: I have been a taxpayer for many years, and if I am not to have any of its benefits, unless I bow down before one of the most un-American laws that was ever lobbied through a legislative body, I should have notice of it.

"He wrote on the back of the note with a pencil, as follows:—

"'Mr. Nulton: You appear to be aware of the law. We simply do our duty under it when we forcibly exclude children who have not been vaccinated.'

"What conclusion can I arrive at from his answer? I have never brought his devotion to duty in question, neither do I doubt that he may have excluded pupils from his school during his past life. But I would like to know whether the boy is playing 'hookey,' or whether it is the professor himself?

"Is there anything in his answer that would show to a court of justice that the boy has been excluded from the schools?

"I have been required several times to write notes to teachers why the boy was absent from school on certain days, and when I want information they seem to be as silent as a graveyard.

"In regard to vaccination, I have this to say. I have heard of many that have died from vaccination and a great deal of suffering resulting from it. Now, the question is, shall I offer up my child to this vaccine god with the hope that a ram will be caught in the bushes and his life spared? or shall I stand on my feet like a true American and say to this Moloch, whose taste for children is proverbial, 'Stand out of the way and let the car of progress move on.'

"If a parent forces his child to be vaccinated and he die from its effect, who murders him? Is it the parent, the vaccinator, or the law, or should we wag our long ears and exclaim: 'Mysterious Providence.'

"A good thing can never be over-multiplied; inflate it as much as you please, there will be no bad results. If vaccination is a good thing you cannot overdraw at this bank either. Commence with the doctors, then the old men and women, and some of us have nothing but an old shell left. and it would not take much vaccine matter to fix us; then the middle-aged, then the youth, babes, cats, and dogs. S. D. NULTON."

It is but justice to say, that Dr. Remendido, the leading physician and surgeon of the city, came out through the press and definitely condemned compulsory vaccination. The other physicians, with one exception, were as dumb as the dens of frozen adders.

About this time—early in February, 1899—258 children had been sent home by the teachers for not presenting certificates of vaccination, and many more were kept home by their parents who wished to spare their feelings, knowing what the result would be if they appeared without the official vaccinator's "tag." Parents were calling at my residence every day for advice about what they could do; so accordingly I published the following letter in the Daily Vidette: —

"Editor Vidette: Honoring your moral bravery and admiring the breadth of thought and freedom of expression that characterize your daily columns, allow me to say that the heads of twenty-three families have called upon me at my residence during the past week, saying, 'What shall we do, doctor, about having our children vaccinated? We think vaccination dangerous. We do not believe in it, and yet we want our children to attend school and be educated. What shall we do?'

"My invariable reply has been, I am not 'my brother's keeper.' You must exercise your own judgment. I am frank, however, to tell you what I should do.

"First: I should send my children to school unvaccinated, unpoisoned with pox-lymph virus, and put the responsibility upon the official authorities for refusing to educate them in the schools, for the support of which I had been taxed. I should then, as they have in Philadelphia, commence legal proceedings. It should not be forgotten that before the adjournment of our recent legislature, Senator Simmons introduced a bill providing that if any injury or detriment to health was produced by vaccination, both the school authorities and the vaccinators might be sued for damages. This was right. The bill did not come to a vote. How could it, in a legislature charged and counter-charged with bribery—a legislature neither intellectually nor morally competent to elect a United States senator?

"Second: Or, I should teach my children in my own home, inviting some of my neighbors' more advanced scholars to come in and teach them the higher branches.

"Third: Or, I should unite with the citizens of my ward and organize a private school, employing competent and cultured teachers. For such a purpose I will contribute liberally in the eighth ward.

"Fourth: Or, I should emigrate from slow, lag-behind San Diego, to some one of the states east where compulsory vaccination is not enforced; or, perhaps what would be more preferable still, bidding adieu to the American flag (the presumed symbol of freedom and personal liberty), I would settle in some country, decent enough, civilized enough not to enact a monstrous compulsory vaccination law, and enlightened enough not to enforce if there was such a law.

"Queensland, Australia, has no compulsory vaccination law; and grand, conservative old England, after a dozen years' fight of the people, assisted by the ablest members of Parliament, against a majority of the doctors (who evidently had an eye to business), passed what has been termed the 'conscience clause,' as an addendum to the vaccination bill. This was signed by the queen, August 12, last year. Therefore, any person, now going before the registrar of the district, and making declaration before the justice of the peace that he conscientiously believes vaccination to be detrimental to the health of the child, is exempt from arrest or penalty. All honor to England!

"Accordingly, in the single city of Oldham, Lancashire, England, 43,000 certificates of exemption under the 'conscience clause' had been issued up to the first of March. Other cities and towns are doing nearly as well. Shame, shame, to San Diego to thus snail-like drag—drag along in great reforms behind England, Australia, and some of the isles of the ocean.

"There are not only thousands of our citizens, but there are members of the health and school board, just as strenuously opposed to compulsory vaccination as I am. I speak by the book. 'But it is the law.' Granted. 'It has been sustained by the supreme court.' Then, in the name of law and oredr, why was it not enforced by the previous health and school board authorities? Did they not know their duty? Why were they not dismissed from office or fined $500? Who was responsible for that gross, official neglect? and why has this vaccination law been virtually a dead letter throughout California these past ten years? and what has caused this present health-spasm? There is no small-pox in our city—and it is the general opinion that there has been none. Why do not doctors post themselves? Why are they such consummate cowards?

"Finally, this so-called compulsory law, now the terror of so many parents, is not law. That only is law which is based upon the principle of justice, of right and of personal liberty. Enactments are not necessarily laws. Enactments made by one legislature are very often repealed by the next. The 'fugitive slave law' was once pronounced 'law' by politicians influencing even the supreme court; and yet a band of Quakers, with myself and many others deliberately violated that law—defied it, in fact, as often as possible, by helping such frightened, fleeing negroes as Fred Douglas, on their way toward the freedom of the British flag in Canada. The framers of that law are now remembered only in pity, or deserved infamy. And so history will brand the mark of Cain upon the legislature that ten years ago passed that infamous, unconstitutional, compulsory vaccination enactment. I would not—will not, obey it! I defy it! Arrest me, jail me, imprison me behind iron bars. I would stay there and rot in prison before I would obey it. And further, in the future I will vote for no member of the legislature till I know—positively know, how he stands upon this vaccination question. We must organize for the battle as they did for years in England; we must call meetings and distribute literature.

"Only recently a judge of the circuit court in Milwaukee, Wis., decided that 'the compulsory vaccination of children by order of the board of education as a prerequisite to their admission to the public schools of that state, was unconstitutional.' Another compulsory vaccination tumble! And yet, San Diego, sitting under the shadow of Old Mexico, and brooded by the skeleton of a dead-letter legislative enactment, forbids her children to enter the public schools—compels them to remain in ignorance because, forsooth, their intelligent parents refuse to have brutality—cow-pox virus, calf-lymph cussedness, or anything of this nature thrust into their system, believing it to be unconstitutional, a violation of personal freedom, and dangerous to health. Is this America—proud, progressive America, or old sixteenth century Spain? J. M. PEEBLES, M. D."

Next came what may be designated the Peebles-Parker discussion which appeared in the columns of the Daily Sun. The following is Dr. Parker's first letter:—

"Editor Sun: In a recent issue of your paper you say you are opposed to vaccination of school children, as required by law, and you give as your reasons that physicians are divided among themselves as to the utility and advisability of vaccination, and also that you do not like the idea of sticking scabs onto people. Permit me to reply that we do not use scabs for such a purpose. We use lymph taken from healthy young cattle sterilized, put up in glass tubes and hermetically sealed up until used. The greatest care is used in vaccination. The arm or leg where the little wounds are made is thoroughly disinfected and cleansed before the work is begun, and the instrument used is boiled before using, and then a light dressing of sterilized gause placed over the wound to prevent the entrance of any poisonous germs. Done in this way there is no danger. Some years ago when scabs were used at times as well as lymphs, and no great care used to sterilize or keep the vaccine pure, and surgeons were careless in breaking of the skin without sterilizing or boiling instruments, we had trouble with infection and blood poisoning. Also sometimes diseases were conveyed by using humanized virus. But with the old methods vaccination was a God-send to the human race. Before the days of vaccination the annual death rate from small-pox was about 3,000 per million of the population in England. At that rate, the death rate in the United States per annum would be over 200,000. Deprive the people of this country of the privileges of vaccination for twenty-five years and we would have about the same result. Modern treatment and care would lessen mortality some, but modern facilities of travel would spread it more than in former times.

"One great danger in the spread of small-pox is the long incubation period, for it is about twelve days after exposure before a person becomes sick. Anyone could be exposed to small-pox in Cuba or Porta Rica and travel to San Diego before he would get sick.

"In reference to the division of opinion among physicians, there is in reality very few who oppose it. It is about as near unanimous as it is possible for any question to be. Only about one physician in this city speaks against it, and he says pus is used for vaccinating. I would expose vaccination if we had to use pus for such a purpose. This Dr. Peebles also stated in a public address before the Mother's Club that he had treated hundreds of cases of small-pox without losing a case. Any comment on such statements are unnecessary.

"In the year 1889, Queen Victoria appointed a commission composed of eight of the most noted medical men of England and quite a number of eminent men in other professions, to investigate the question of the effect of vaccination. The commission spent seven or more years in their investigations, held one hundred and thirty-six meetings, examined about two hundred witnesses and investigated six epidemics, which has occurred in recent years at Gloucester, Sheffield, Warrington, Devosberry, Leicester, and London. In Gloucester the practice of vaccination had been greatly neglected for some years prior to the outbreak of small-pox. At Gloucester 26 vaccinated children under ten years of age were attacked, of whom one died; of unvaccinated children of like age 680 were attacked, of whom 279 died. The report of the commission was unanimous in favor of vaccination as the only effective means for the protection against the ravages of small-pox. In Germany where vaccination has been compulsory for years, small-pox is almost unknown in recent years. Hoping I have not made this too long, I am, Yours very truly,

P. J. PARKER, M. D."

Peebles replies:—

"Editor Sun: In-as-much as Dr. P. J. Parker, of our city, brought my name before the public in your issue of the 11th, touching the question of compulsory vaccination, you will certainly grant me equal space in your ably conducted journal.

"In expressing an opinion adverse to compulsory vaccination, you doubtless reflected the convictions of a large majority of the parents of San Diego. That the eighty-nine doctors, or the most of them, favor it, counts but little. Doctors without an exception once favored bleeding in fevers. Both Washington and Byron, it is believed, died from blood-letting. Doctors do not bleed men now-a-days; nor will they vaccinate in the near future. Much less will they dare, however ignorant they may be of Jennerism and the dangers attendant upon calf-poison, to compel vaccination. I recommend medical incompetents to weigh well these candid words (published Sunday) by the leading physician and surgeon of our city:

" 'I am not in favor of anything that interferes in any way with the personal liberty or action of any individual. If a person seriously objects to being vaccinated or to having any member of his family vaccinated, the feelings of such a party are entitled to respect, etc.'—Dr. Remendido.

"Certainly every man's 'feelings,' every man's conscientious convictions, are entitled to 'respect.' Every man's house is his castle, and upon the constitutional grounds of personal liberty, no vaccination doctor, lancet in one hand and calf-pox poison in the other, has a legal or moral right to enter the sacred precincts of a healthy home and scar a child's body for life.

" 'This' Dr. Parker informs the public that 'scabs' from cow and calf-pox sores are not used now. That is true—doctors have advanced from arm-to-arm 'scabs' to a more refined filth—a more delicate form of the poison pox-lymph. It is taken from 'healthy young cattle,' we are told. How is it known that these cattle were 'healthy?' They were dumb. That they were 'healthy' could only be proven by vivisection and dissection. Physicians know that tuberculosis is common among cows in some parts of the country. To say that these cattle are 'healthy' is an assertion—nothing more! All technical terms and pedantic jargon aside—would a man be considered healthy if any portion of his body was spotted and dotted with pustules, with inflamed bases—'running sores?' 'Only about one' doctor, we are gravely told (there are some eighty-five or ninety in San Diego) speaks against vaccination—so much the worse for the doctors! 'Only about one.' Well, I am proud to be that one! for in fact one with the right, is a majority. Truth is never in minority—and laggards often find it out to their sore disadvantage.

"Yes, 'Dr. Peebles stated in a public address that he had treated many cases of small-pox and never lost a case.' How many did 'this' Dr. Parker ever treat? and how many of them lived? I shall be pleased to hear the doctor's 'comments.' I pledge you my word he will be dumb.

"On my journey around the world, while in the Godavari district, India, with a population of between two and three millions, not a day passed after the first week there that I did not treat or assist in treating from twelve to twenty small-pox patients lying in bungalows, outside tents, and bamboo huts.

"In July, 1869, appointed by General Grant, the United States consul to Trebizonde, Asiatic Turkey, I was in this old city, crowded with Turks, Circassians, Georgians, Armenians, and other races—a city of filth—during its small-pox epidemic

—and here again I treated or assisted other physicians in treating for weeks and months small-pox patients. Small-pox is closely allied to filth, and sanitation, hygiene, pure air, healthy diet, sunshine, and bathing are much more efficacious preventatives than vaccine virus, in whatever way manipulated, and whether called scabs, pus, lymph, serum, or calf-virus—words do not render poisons any the less malignant.

"Speaking of 'humanized virus,' Dr. Parker says: 'The old method of vaccination was a God-send to the human race.' On the contrary I pronounce it emphatically a death-send, a scourge, and a most damnable curse. Here are a few of my authorities proving it:

"In the English 'Digest of Parliamentary Returns,' No. 488, session of 1878, entitled, 'Vaccination Mortality,' we find the startling statement that: 'Twenty-five thousand children are annually slaughtered by disease inoculated into the system by vaccination, and a far greater number are injured and maimed for life by the same unwholesome rite.'

"Prof. Trousseau, of Paris, France, wrote in the 'Clinique Medicale,' 1874, a medical journal published in France: 'The transmission of syphilis by vaccination appears now to be an estalished fact.'

"Prof. German, in 1878, in an address to the Diet of the German empire, said: 'Above all, the direful fatality which lately occurred at Lebus, would alone warrant the abolition of the vaccination laws. Eighteen school girls, averaging 12 years of age, were re-vaccinated and thereby syphilized, and some of them died.'

"The report of the German vaccination commission of 1884, contains the following: 'Up to 1880, fifty cases have become known in which syphilis, inoculated with vacine virus, caused severe illness to about seven hundred and fifty persons.' A strange 'God-send!'

"The report of the British commission, appointed by the queen in 1889. was not unanimous in favor of compulsory vaccination which fact ought to know it. By this report, anti-vaccinationists 'obtained a great measure of parental freedom,' writes Dr. Winthrop from London to the New York Sun.

Dr. Parker's statement concerning Gloucester and its vaccination, is not only misleading but false. If figures do not lie those that make them can, and often do. The Gloucester Official Reports are decidedly against the benefit of vaccination. I have them at my command. Dr. Parker is no authority. His Ipse Dixit neither counts nor carries weight with either students of science or medicine. The report of the British commission so influenced Parliament that it pronounced against compulsory vaccination—and made the matter optional with the people. And so the matter still stands.

"In Rhode Island, after a committee of the senate had heard evidence on both sides of the question, it repealed the vaccination law by a majority of 16 to 9. Petitions should be hurried on to Sacramento demanding that this disease-breeding law be promptly repealed.

"A late press dispatch informs us that Wm. Nagengast, of Cleveland, O., aged 11 years, was vaccinated in the free dispensary on January 4th. His arm soon became terribly swollen. The same night he exhibited symptoms of lockjaw, and the next evening he died, suffering intense agonies. In London, from 1859 to 1896, there were one thousand and two hundred and seventeen admitted deaths from vaccination. There were doubtless five times this number, say the minority reports, but they were 'hushed up to prevent vaccination from further reproach.'

"Engaged wholly in literary pursuits and depending upon a livelihood from neither the vaccination business nor local medical practice of any kind, I can find leisure to ventilate the viciousness and villainous consequences of compulsory vaccination, and I shall do it with ungloved hands, and will therefore say that if Dr. Parker desires a journalistic controversy with me upon the merits and demerits of compulsory vaccination he will find me girded for the conflict; and I promise him a "foeman worthy his steel." J. M. PEEBLES, M. D.

San Diego, Cal., Feb. 13."

I will now extend my above reply and notice the following statements contained in Dr. Parker's letter:

(1). "The instrument used is boiled before using."

(2). "England before the days of vacination had a death rate from small-pox of 3,000 per million of the population."

(3). "Deprive the people of this country of the privilege of vaccination for twenty-five years * * * and we should have the same result."

(4). "At Gloucester 26 vacinated children under ten years were attacked with small-pox—one died. Of un-vaccinated children of like age 680 were attacked, of whom 279 died."

(1). This statement by Dr. Parker is very careless, for in many noted instances it is conspicuously untrue, in fact. I will give one instance where a United States official vaccinator uses the lance on scores of immigrants without once cleansing it. Our laws require that every immigrant arriving at Castle Garden shall be vaccinated before they land, unless they can show a vaccine mark or a certificate. "The surgeon sat on a box in the storeroom, lancet in hand, and around him huddled as many as could be crowded into the confined space, old and young, children screaming, women crying; each with an arm bare and a woe-begone face. * * * No pretense of cleaning the lancet was made; it drew blood in very many instances. and it was used upon as many as 276 during the first day. I inquired of the surgeon if he had no fear of inoculating disease, or whether he examined as to health or disease before vaccinating He replied that he could not stop for that, besides no choice in the matter was left with him. The law demanded the vaccination of each and every one, and he must comply with it or be subjected to a fine."—G. H. Merkel, M. D., in Mass. Ec. Med. Jour. November, 1882.

Here is a fact which I offset against Dr. Parker's statement —"the instrument used is boiled before using." When we consider that the point of a cambric needle, dipped in the blood of a leprous or syphilitic patient is sufficient to communicate the disease. if this is punctured through the skin, what a fearful indictment we have against the practice of vaccination! Two hundred and seventy-six victims vaccinated without the lancet once being cleaned! In this way it is possible for the "calf-lymph" to pick up on its way about all the curses which human flesh is heir to.

(2). "Small-pox deaths in England before vaccination were 3,000 per million of the population." In the connection in which it is used this statement as before said is entirely misleading. There is no hint here that other zymotic diseases in England have declined in a similar ratio with small-pox during the century just closing; and we are entitled to claim that the same causes that diminished scarlet fever also diminished small-pox.

But the decline in small-pox has really been far less than in other zymotics, from which it may be fairly claimed that vaccination instead of mitigating it has kept it alive notwithstanding the presence of other really mitigating causes. By implication Dr. Parker assumes that such investigation of the disease as we have been able to secure, is to be set down to the credit of vaccination. No other mitigating factor is hinted at. In discussing the causes of small-pox vaccinators stick to vaccination as Mr. Gladstone stuck to "Mitcheltown." They never pollute their lips by speaking aloud the word filth—having plenty of that article in their antidote. They are silent about sanitation. They do not tell us that small-pox is a filth-disease; that it thrives on filth; that it is chiefly confined to the dirty and crowded quarters in our cities. Had the doctors vaccinated for the plague, black-death, and the sweating sickness, they would now be claiming the credit for vaccination as the sole agent that was efficient in practically stamping these three zymotics out of Europe. Since they cannot set up that claim, pray what has been the cause of their decline? I answer, sanitation and improved habits of living. Prof. Wallace, taking the Reports of the Registrar General from 1838 to 1896, makes a thorough statistical analysis and presents the result in diagramatic form—"Wonderful Century," page 305. Then he writes:—

"The main teaching of this diagram—a teaching which the commissioners have altogether missed by never referring to diagrams showing comparative mortalities—is the striking correspondence in average rise and fall of the death-rates of small-pox, of zymotics, and of all diseases together. This correspondence is maintained throughout the whole of the first part, as well as through the whole of the second part, of the diagram; and it proves that small-pox obeys, and always has obeyed, the same law of subservience to general sanitary conditions as the other great groups of allied diseases and the general mortality. Looking at this most instructive diagram, we see at once the absurdity of the claim that the diminution of small-pox in the first quarter of our century was due to the partial and imperfect vaccination of that period. Equally absurd is the allegation that its stationary character from 1842 to 1872, culminating in a huge epidemic, was due to the vaccination then prevailing, though much larger than ever before, not being quite universal

—an allegation completely disproved by the fact that the other zymotics as a whole, as well as the general mortality, exhibited strikingly similar decreases followed by equally marked periods of average uniformity or slight increase, to be again followed by a marked decrease. There is here no indication whatever of vaccination having produced the sligtest effect on small-pox mortality."

How utterly misleading and untrue therefore is the statement of Dr. Parker which I am here commenting upon. Nothing but his vaccination hobby is permitted to come in sight when he would explain the causes which effect the periodical acceleration and decline of small-pox mortality. Vaccination is paraded as the sole cause of small-pox decline; neglect of vaccination the sole cause when small-pox waxes strong and rages like a conflagration.

Dr. Parker must be aware that during the period he refers to, before Jenner's discovery (?) when he says small-pox waxed stronger; that the doctors then had a "sure thing," congener of vaccination, inoculation,—which they had "boomed," as they now boom vaccination. Inoculation was just as rational as vaccination; yet by the same act in 1840 England made inoculation a penal offence and vaccination compulsory.

But finally, I utterly deny Dr. Parker's allegation that small-pox deaths in England before vaccination was "3,000 per million of the population." This monstrous statement was taken from Dr. Lettsom's evidence before the Parliamentary Committee in 1802. How did Mr. Lettsom arrive at this figure? He first assumed that the small-pox mortality of London before vaccination was 3,000 per million of population—which, in a future chapter I shall prove was only 2,000 per million—and then takes that as basis for the entire population of the kingdom, town, village, and country, making not the slightest allowance for the cleanliness and general wholesomness of the country in comparison with over-crowded, filth-accumulated and poverty-stricken districts in the city of London. The population of the kingdom was estimated to be twelve times as large as that of London, so London population was multiplied by twelve to yield the 36,000 annual small-pox fatality for the kingdom. Difference in sanitary conditions never was taken the slightest account of by advocates of vaccination. It is such glaringly false statistics as these that Dr. Parker, and vaccinators generally, are in the habit of quoting.

(3). "Deprive the people of the country of the privileges, etc." Here again has Dr. Parker by implication raised an irrevelant issue. Who has said anything about depriving the people of this country of the privilege of vaccination? I would not deprive one American citizen of the "privilege" of taking a half gill of calf-pus daily—either through the skin or into the stomach if he is inclined that way. That is not the present issue. What I am contending for, doctor, is that you have taken the state in with you in this vaccination disgrace; and that you two have agreed between you, that I shall be compelled—or my children shall be compelled—to take your medicine! Hence I say—and I speak it in stentorian tones—take your unholy hands off from me and mine! Leave me to my liberty regarding the practice of superstitions and degrading calf-lymph-poisoning rites, and be assured , I shall leave you to yours.

(4). The statements of Doctor Parker relative to small-pox fatalities in Gloucester are still more misleading and untrue than any of the above. He is silent regarding the quarter of the town in which nine-tenths of the small-pox cases occurred; silent too, regarding the unmistakable causes that made the epidemic so fatal. I have space here to merely summarize results; and I shall state nothing but what I stand ready to support by the annual reports of the medical officers of health. Those for the years 1875 to 1888 are the work of Mr. John P. Wilton; those for 1889 to 1895 of Dr. John Campbell. At the time of the Gloucester epidemic—1895-6—the urban population was 40,000; the rural population 11,000. In the southeast quarter—the poor, filthy and crowded quarter—the drainage was the worst possible. The new system of drains was connected with the old, crooked and much dilapidated brick culverts. The water supplied for domestic use was totally unfit to drink, charged as it was with sewage pollution. Into an extensive bed of gravel—from which this portion of the city was supplied with water, the drainage from cesspools and sewers had free access. In the language of the medical officer: "The drainage of houses either empties into cesspools constructed close to them, and leaking into the bed of gravel, or is carried away in brick culverts, which, whenever they are uncovered, are found to be faulty, thus allowing their contents to ooze into the gravel. It is thus absolutely impossible that there can be any pure water in the district."

In 1889 a flood choked these sewers and caused a back flow, mixing vast quantities of sewage with the water on the surface. The medical officer reports: "This water became so charged with sewage that I feared serious consequences in the houses that became flooded."

In this pestilence-breeding and foul quarter the epidemic started late in 1895. At the end of the year 25 cases had been reported, 24 of which we confined to this southeast end. Here, my dear doctor, was the breeding ground and source of the Gloucester epidemic of 1896. You did not think these facts worthy of mention! Just so, that is a common fault with vaccinating doctors. You should have also stated, that out of the 2.036 cases of small-pox reported during the epidemic, 1,822 were confined to this same God-forsaken South Hamlet while only 214 cases were reported north of St. Michael's Square, where the city possessed a tolerable sanitary aspect.

Another fact: The great scarlet fever epidemic of 1892 was likewise practically confined to this South Hamlet. Everybody with a grain of common sense knows that this epidemic was caused by the wretched unsanitary condition at the southeast end of Gloucester. They know, too, that the small-pox epidemic originated in the same causes and was fed from the same source. Yet we are assured that the "un-vaccinated" were the occasion of the whole trouble. Get vaccinated and revaccinated, and then if the sewage comes up to your window-sills and you have no other fluid to drink, still you need not fear the small-pox! These little matters are unworthy of mention when a vaccinator is handling small-pox statistics. "Vaccination had been greatly neglected in Gloucester before the epidemic," from which the reader is supposed to infer that this species of neglect was the real occasion of the fearful outbreak. What was neglected before the other epidemic broke out—the scourge of scarlet fever? Vaccination cannot be made to do duty here. Now I place these facts by the side of Dr. Parker's statements, and leave the decision to the common sense of my readers as to what occasioned the small-pox epidemic in Gloucester.

Dr. Parker also refers to Leicester as one of the stricken cities, due to vaccinal neglect. He had better have remained silent regarding Leicester, for it has a thunderbolt in reserve for the vaccinators. After their small-pox epidemic of 1892-4, the citizens rose to the dignity of the occasion and turned the vaccinators out of office; then elected boards of guardians who were pledged not to enforce the compulsory law. At present the vaccinations are only one per cent. of the births. Did they stop there? No, but they set about real prevention by putting the city under more thorough sanitary regulations. Now Leicester is not only the freest city in England from the small-pox scourge, but the freest from scarlet fever and other zymotics as well.

It is just as silly and illogical to refer small-pox fatality to neglect of vaccination, as it would be to refer fatalities from cyclones in the middle west to this same neglect.

I will now resume account of the struggle in San Diego. The next step in the program was the organization of the Anti-Vaccination League—Dr. J. M. Peebles, president; E. P. Brooks and Col. J. L. Dryden, vice presidents, and F. M. Gregg, secretary. A little later—some time in April—a rousing mass meeting was held in the M. E. church. The following are extracts from my address on that occasion, published in the Daily Sun:—

"We have assembled tonight from the different city wards to take into consideration the compulsory vaccination law of California—a law that has thrown nearly four hundred of our children out of the public schools, that we have been taxed to support.

This compulsory cow-pox enactment, so at variance with the higher medical science and personal liberty; so repulsive to cultured manhood, the finer instincts of womanhood, and the God-implanted intuitions of childhood has remained like other unconstitutional laws passed by politicians and lobbied legislatures for the past ten years, a dead letter. Why—why, if this law was just and right, has it not been executed? Why is it now raised? Who rolled the stone away from its mouldy and moss-shingled tomb? Who were the instigators? There is no small-pox in the city, and in the opinion of Mr. Hedges and the general public, there has been none. Who was responsible then, for the "scare," and who have been the financial gainers by it?

Why are children with certificates in their hands from Dr. Stockton, the health officer, stating that, owing to their physical condition, they were not fit subjects for vaccination, turned away from the schools? Why this merciless blow to education and personal freedom? Why are the conscientious convictions of hundreds of intelligent San Diego parents violated or ridiculed by vacincating officials? Why are the public school doors slammed in the faces of innocent children—children who, turned into the streets, wend their way home weeping for a lack of the privilege of gaining an education? Do these health and school boards feel justified in making and enforcing a compulsory ignorance law? Need I say that not only thousands of San Diego students, thinkers, and tax-paying parents, but thousands upon thousands are indignant at this state of things. It is currently reported that one of our city doctors said that nobody but 'Mexicans, niggers, and ignoramuses' were opposed to compulsory vaccination. This is the compliment that superstition, bigotry, and infamy pays to the intelligence of San Diego's cultured citizens. It is as certain as the stars are abiding, that thousands in this city will never—NEVER submit to thrusting a blood-poisoning virus into their children's systems. They will do as two families have done today, move over to Coronado, or they will move into the country townships to educate their children, or they will establish private schools—and I honor them for their decisions. Some families have already left the city to educate their children.

"This meeting has been called to consider—to devise ways and means concerning this very serious subject, and I counsel calmness and dignity of deportment. No matter how intense the indignation that may thrill you to your soul's depths, control the temper and be guided by the dictates of moderation and reason. You are in the right. And in the end you are sure, each to wear a victor's wreath. This meeting is but the prelude to a series of similar gatherings. These will be educational, and thrillingly interesting, and, further, they will probably continue here and in other portions of the state until the assembling of the next legislature, when our votes will count. There is nothing that a wiley, unprincipled politician so much fears as an honest vote.

"The battle touching this compulsory vaccination law is fully on. The people are aroused. They are organizing. They are thoroughly in earnest. There is no lack of finances to conduct the campaign. And like the immortal Wm. Lloyd Garrison, these anti-vaccinationists 'will not equivocate, will not excuse, and they will be heard.' And I may add, they will politically 'mark' every man at future elections who favors compulsory blood-poisoning.

"Anti-vaccinationists, anti-compulsionists, you are a power. You have culture, finance, influence, conscience, energy, and I charge you to mark such doctors as seek to enforce this dead-letter compulsory vaccination law; mark such doctors as tell you privately that they are opposed to compulsory vaccination, yet are too sneakingly cowardly to openly express their honest convictions; mark such school officials and members of health and school boards as make themselves unnecessarily offensive to those who conscientiously differ from them on the vaccination question; mark such public men, especially politicians as hunt with the hounds and run with the hares, and all to catch votes to get into offices; mark such daily newspapers (NEWS-papers), as are owned, or edited by hunting poltroons, shaped like men, rather than by brave, fair-minded, royal-souled men, the worthy sons of this magnificent century!

"This cow-pox poison put into innocent children's arms is often from diseased calves or heifers, and can resultant disease prevent disease or produce health? Do men gather grapes of thorns? I say diseased heifers. You take supposed healthy heifers from the fields, confine them in 'sterilized stables' (a phrase used by a San Diego doctor), rope them, throw them, shave their abdomens, puncture this portion of the hairless body with 'small-pox pustular poison;' and then watch the irritation, watch the animal's thirst, the increasing inflammation up to the point of pus-rottening—and now call this brute healthy do you? Would you consider your own body healthy if half-covered with inflamed pustules and discharging sores? Then watch the applied clamps as they squeeze out the putrid mucus-like pus mingled with a little of the animal's inflamed blood, to be manipulated into 'pus-lymph' for your children's arms! Is not the thought, the sight disgustingly infamous? *

"How would it do to take catarrh mucus from the nose of some otherwise healthy young lady and manipulating up to the point of pure catarrh lymph, introduce it compulsorily into the school children's arms as a preventive say, against the grippe, erysipelas, or some kind of eczema? Some doctors advanced the theory awhile since, that traced back through the complex laws of heredity far enough, it might be shown that there is a close genetic relation existing between pure catarrh lymph, pure syphilitic lymph and pure cow-pox lymph. Be the relation near or afar, I would stoutly resist any compulsory vaccination law that insisted upon introducing any such lymphs—'PURE LYMPHS'—into the human system.

"During this conflict we shall demonstrate beyond any possible question that:

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*NOTE—In gathering the materials for this volume I failed to secure one of Dr. Parker's letters in defense of compulsory vaccination, appearing in the "Daily Sun." Writing him for his full correspondence and forwarding the same by special messenger, he informed me later that he did not wish his correspondence to appear in the volume. Considering its diluted contents in connection with that bad cause, calf-lymph poisoning, none can seriously blame him. Nevertheless his published letters in the "Daily Sun" became public property. And as such I am justified in using them. Only one however appears. His last letter was an indirect plea to be let down off from his "compulsory" stilts, gently as possible. This I did with my accustomed grace and gentleness.

"I. Vaccination does not prevent small-pox. This every well-read, intelligent physician already admits.

"II. Vaccination, by reducing the vitality through transmitting poisonous pus-brutality into the human system, not only tends to, but actually invites the epidemic termed small-pox.

"III. That our soldiers vaccinated in the San Francisco camps previous to sailing for the Philippines, and told that they were immune from small-pox, a number of them had the small-pox over there and several died from the disease.

"IV. That, as vaccination weakens the constitution, affects deleteriously the red blood corpuscles, it necessarily deteriorates the public health and is a danger, a menace, to the same. The death rate was greatly diminished both in Switzerland and in Leicester, England, after compulsion was abandoned.

"V. That vaccination lays the foundation for erysipelas, eczema, carbuncles, abscesses, nervousness, pimpled faces, consumption, and cancers.

"VI. We shall show that there is no such thing as pure calf lymph. To talk of pure lymph is equivalent to talking of pure poison originating from a putrified pustular sore, which, according to the distinguished Dr. Creighton, bears a striking resemblance symptomatically to syphilitic poison. The Hon. J. A. Bright, M. P., and member of the London Royal Vaccination commission, testified that 'there are no means of determining the purity of lymph or limiting the certainty of its inflammatory effects.' (The Lancet, Oct. 20, 1892.)

"VII. We shall show that compulsory vaccination, while it does not prevent small-pox, has maimed thousands for life and caused the death of hundreds upon hundreds. In the third report of the minutes of the vaccination evidence commission, 1890, testimony was given before the Royal Commission of six thousand two hundred and thirty-three cases of serious injury and eight hundred and forty-two deaths from vaccination. Can parents afford to run the fearful risks of vaccination poisoning?

"VIII. Finally, as a registered physician in the state of California, as a professor for several years in a medical college, as a United States consul in Asiatic Turkey, during a portion of General Grant's administration, counseling with an English physician, or personally treating small-pox, which, by the way, I should prefer to have, under proper sanitary conditions to Jenner's cow-pox, I protest against the compulsory vaccination law of this state that turns many of our children out of the public schools. I denounce it as a menace to good health, as a violation of personal freedom, and opposed to all those fraternal interests that constitute us the parts of one great brotherhood, clearly conscious that what affects one affects all through the laws of thought, of sympathy, of heredity, and the amenities of social life."

Previous to sending the manuscripts for this volume to the press, I forwarded a communication to Dr. Parker by a special messenger, asking him for all his letters appearing in the daily press in defence of vaccination, for publication in this volume. He but briefly noticed my request. Evidently he was not very anxious to be booked and read in public libraries. This, on his part, was a shrewd stroke of discretion.

Compulsory vaccinationists dare not meet in open manly debate anti-vaccinationists. They lack the courage of their convictions. Statistics and yawning graves face them. During this struggle in San Diego with the doctors, the health and school boards, with my didactic energies, saying nothing of an innate Scotch grit, I challenged the vaccinating-believing doctors to meet me in open discussion upon this subject in the opera house, the proceeds above the expenses to go to some benevolent institution. These were to be the questions or propositions for consideration.

1. Resolved, That the Jenner inoculation and the later calf-lymph-virus vaccination, while not a preventative of small-pox, endangers health, by poisoning the blood and promoting various zymotic diseases.

2. Resolved, That compulsory vaccination laws are unconstitutional, un-American in genius, a barrier to education, and a menace to personal liberty.

And believe me, readers,—not a doctor entered the arena. Such dastardly cowardice required no comment! * * * * Now, in the face of California's compulsory vaccination laws, the un-vaccinated children of the city attend the public schools side by side with their cow-pox scarred playmates.. Such results can be secured in any town or city of the commonwealth if the people will arouse themselves, distribute literature, get up public meetings and air this terrible delusion—calf-lymph vaccination.

In the midst of this local controversy I sent the following communication to the R. P. Journal, San Francisco, which was published in its issue of Feb. 16, 1899:—

CALIFORNIA VACCINATION LAW.

For over fifty years I have been battling in such movements as anti-slavery, temperance, prohibition, the reform health-dress, woman suffrage, class legislation, "doctors' trusts," and now I am fighting on the vaccination battlefield. And the mad battle is fully on, here in San Diego.

A vaccination law, passed some ten years ago by the California legislature, has remained nearly a dead letter; but now, without a case of small-pox in our midst, the board of health, afflicted with a sort of health-spasm, has proposed that all the school children of this city, whose population is 22,000, be vaccinated. And the threat is thrown out that unless parents comply and have that putrid calf-lymph put into their children's arms, their children will be denied the privilege of attending the schools. I repeat, the battle is on. My whole nature is aroused and I have written articles in every San Diego newspaper except one against the enforcement of this unjust law. Of the eighty-five resident doctors in San Diego, only three or four are opposed to vaccination, and these, with one exception, are too cowardly to stand up and say so, or to even sign a legislative petition to repeal the law or so amend as to make it optional with the parents. The school board has not yet issued the order, though the health board is urging them to do so.

The public is thoroughly awake. At the Mothers' Club meeting in our city lately the lower room in the school house was literally packed to hear the vaccination question discussed. Though many doctors were invited to come and defend vaccination, only two made their appearance. These spoke in its defense. I was present, clad in medical war paint, with my left hand full of anti-vaccination documents, sent me by Wm. Tebb, of London, Prof. Alexander Wilder, of Newark, and others. The discussion was keenly, critically hot. Thank the gods, a large portion of the mothers present were opposed to vaccinating the children. My opposition was vehement, if not violent. I defied the law. I pronounced it unconstitutional; and, treasonable or not, I advised the mothers present to positively refuse to have that diabolical poison put into their children's arms —a poison that upon the highest medical authority does not prevent small-pox—but does kill thousands every years. Foolishly vaccinated a second time myself when in San Francisco in 1861, I was in bed three weeks from the poison. I came near losing my arm, and I felt the effects of the villainous virus for several years.

What the doctors call pure virus—"tubes and points"—I publicly pronounced filthy, vile, impure, calf-lymph "cussedness." During the discussion I advised that instead of vaccinating and poisoning the blood of our clean, sweet-faced children, that the doctors, druggists, lawyers, and preachers of San Diego—*all* be vaccinated and the dear, innocent children be spared. This was not a popular presentation to the vaccinationists present, and yet, two-thirds of the ladies cheered me roundly. Oh, that our mothers, wives, sisters, and daughters could vote, as they do in New Zealand, Wyoming, and some other states! Heaven hasten woman-suffrage.

IS THIS VACCINATION LAW CONSTITUTIONAL?

Assuredly not. The law of God, written in the moral nature, is above any law enacted by political legislatures. Many of their pronounced laws, though having the signatures of governors, are not laws. They are often repealed during the very next session of the legislature. Law to be law, must be based upon the eternal principle of right—the absolute principle of right and justice. I will not obey an unconstitutional law—a law that entails disease and death—a law that infringes upon my personal liberty. And be it treason or not,—I will urge in the faces of popes, priests, and politicians, others not to do it. This vaccination law is undoubtedly unconstitutional—and is in perfect keeping with "medical trusts" and these nefarious "doctors' laws" that seek to compel patients to employ only physicians of their own school.

This vaccination law is so odious, so dangerous to health, that it has never been enforced to any considerable extent in our noble state, California. It never will be. The people are too progressive. Petitions are now being circulated in this city for its speedy repeal. The English Parliament has recently, be it said to the glory of England, made vaccination optional with the parents.

The old fugitive-slave law was once the law of this country, North and South. And this law was compulsory; Northern men were required to hunt, catch, hold, and return the negro (nine-tenths white perhaps) back into slavery, who were running for the freedom of Canada, and for safety under the British flag. I would not, did not obey this law. Though comparatively much younger then than now, I defied it, and I am proud to say that with a family of good Quakers in Cayuga county, New York, I helped several runaway negroes to make their way by the "underground railroad," as it was called, into the Canadian dominion. Wendell Phillips, William Lloyd Garrison, the Quakers, and thousands of reformers, were charged with treason for criticising a government that enacted such a congressional law (the Fugitive Slave Law), in the interests of perpetual slavery. They refused to obey it. Garrison was mobbed in Boston, Foster was egged in Worcester, Foss was stoned, others were vindictively persecuted by unprincipled politicians and conservative bigots. But the law was finally repealed—and slavery itself abolished. Now Phillips, Garrison, Foss, Abbie Kelley, Parker Pillsbury, Henry C. Wright, and many of those brave old soldiers of freedom,—scarred soldiers, fighting for personal liberty and equality before the law,—are honored, and their very tomb-stones are wreathed in unfading laurel; while the congressional and political manufacturers of that old fugitive-slave law, are either forgotten, or their names have half-rotted-away into the silence of merited infamy. Such will be the fate of this California vaccination law, and its doctor-inspired makers. Let the eighty-five doctors of San Diego, and the board of health—one or more of which are doctors—take due notice. Justice is sure to come!

J. M. PEEBLES, M. D.

A SMALL-POX SCARE!

During February (1899), as the controversy was waxing warmer, the doctors of San Diego made a sortie to get up a small-pox scare! The wife of J. Q. Hedges came to San Diego from Los Angeles, and died Feb. 19th. Before leaving Los Angeles she received a severe strain from lifting a heavy box. This caused back-ache, headache, vomiting and hemorrhage. The doctors pronounced it a case of small-pox and further reported the woman knew she had been exposed to small-pox, and confessed to this. But the husband denied that she had been exposed or that she had made any such confession; as he was in the room during the consultation and heard all that was said. Nine different persons had been in the sick-room before the woman died, and everyone of these was quarantined for twenty-one days, not one of whom took small-pox. One doctor admitted the woman died from hemorrhage—so the husband stated—and not from small-pox. But the doctors succeeded just the same in working up a panic, in moving the local board to enforce the compulsory law on vaccination—and withal, in enriching their purses. There was not the shadow of a small-pox case in the city.

The sequelae as the doctors would say, or after effects of this scare, may be in part gleaned from a Sun editorial, March 17:—

"The finance committee of the common council will meet tonight at 7:30 o'clock and some interesting bills will come up for approval or rejection. Among the number will be one from Dr. Jones, who was quarantined for 21 days by order of the board of health. Dr. Jones wants $210 for the twenty-one days' service." How modest the fee!

"Then there are claims of $2.50 per day each for three extra policemen for twenty-one days necessitated by this same suspected small-pox case. The pest house, too, has been repaired at an expense of some $350 to date and small claims for medicine, disinfectants, etc., amounting to $50 will also be presented, making a total of $767, chargeable to the small-pox scare to date. The bill of Nurse Lowe, who escaped quarantine has not yet been settled nor that of the undertakers, who buried Mrs. Hedges, but both bills will doubtless bring the amount up to over $1,000.

"'A few more small-pox cases and we're a busted community, rain or no rain,' said a city official this morning, and really it does seem expensive to have these little luxuries.

"By virtue of sec. 17 of article 13, of the city charter, the board of health has power to appoint additional health inspectors and at a conference held yesterday it was decided to appoint a committee to inspect all passengers coming on trains from Los Angeles. This will cost a few hundred dollars, but the health board feels the precaution is necessary."

This small-pox scare—when there was no small-pox—made San Diego's doctors the laughing stock of all the regions 'round about. Only one, Dr. Jones, however, was quarantined! * * * It can now be stated that the labors of our Anti-Vaccination league have been largely crowned with success. True, we have not as yet secured a repeal of the detestable compulsory law, but we have compelled a truce on the part of the local boards and opened wide once more the doors of the public schools. Complete victory is in sight.

The municipal boards of Los Angeles are still enforcing the compulsory law, and so in my October "Temple of Health," I thus warned northern tourists who were expecting to spend the winter in Southern California to shun Los Angeles:—

"Persons with families, proposing to spend the winter in Southern California, sending their children to the public schools, should avoid Los Angeles as they would a den of vipers, and go on down to San Diego, where parents are not (now) compelled by school boards to have their children's blood poisoned with cow-pox virus, before they can enter the public schools."

This, the editor of a Los Angeles paper, Dr. A. P. Miller of the East Side News, copied, and then added:—

"Let us add, that it was Dr. Peebles' efficient work which rescued the children of San Diego from the tyrant's clutch. Live another hundred years, doctor, and sweep all such monstrous usurpation of power from off the earth."

The Boston Daily Globe—Nov. 24, 1899,—says: "Four children of one family at Highland Falls, N. Y., are dangerously ill as the result of vaccination. All are badly poisoned, and the results will probably prove fatal. The school trustees ordered the vaccination. The father of the little ones is an inmate of the Soldiers' Home, and the mother is a poor washer-woman." A "poor washer-woman!" No redress for that stricken family, for that disrupted and ruined home; and the next time the conservative M. D. comes down from his professional stilts to notice an anti-vaccinator, he will repeat the stale declaration: "We use lymph taken from healthy young cattle, sterilized, put up in glass tubes and hermetically sealed up until used." Hence, how could the lymph be to blame? It must have been an "act of Providence." The school trustees ordered it. Who takes the risk in this business? Why, the American people of course, among whom there is only a small per cent. of such characters as Wm. Tebb and Dr. Ross. The rank and file of our American citizens are today tamely and supinely submitting to this form of legal criminality, contented with a passing record of facts as a matter of daily news, and only rarely proving themselves equal to the supreme occasion, as Mr. Lawbraugh did in Geneseo, Ill., fighting the vaccinators until he reached the steps of the state supreme court, where he got his rights.

Here is another case reported in a Boston paper. I clip the following from "The Banner of Light," of Dec. 9, 1899:—

"The supporters of that divinely-inspired barbarism known as vaccination are no doubt rejoicing with exceeding great joy over the beneficent effects of its application in Malden, Mass. Percy Tanner, a boy of thirteen years, is the latest victim to this wicked practice. He was vaccinated on Friday, Dec. 1, and his arm began to swell shortly afterward. On Saturday he went into convulsions, and passed away on Sunday. Medical aid was summoned, but the doctor could do nothing to save the boy. If the boy had been stabbed, or killed by a blow, his assailant would have been arrested for murder. As it is, the vaccinating doctor is still at large, ready and even anxious to treat other healthy patients by similar methods. Wherein does murder by assault differ from murder by vaccination? Only in one respect —the latter is enforced by law, and those who commit it are protected from punishment. Other kinds of homicide are deemed crimes, but this one seems to be a special privilege of a few men called doctors, to whom the state gives a license to kill ad libitum. Young Tanner's death is the third caused by vaccination in Malden alone.

"N. B.—There are no cases of small-pox in Malden, nor is there any special danger from that disease. When will the people assert themselves and secure the repeal of this most odious law?"

This winter (1900) there is a movement all along the line to enforce the compulsory law. In almost every state school boards have issued peremptory orders to vaccinate, or otherwise to exclude the children from the public schools. The taxes paid by the parents for public school service are not considered. The law, the boards and the vaccinators have the power of life and death, the same as was arrogated by the ancient kings. Lobbies and corrupt politicians make the laws. "Damn the people," say these impious usurpers; "their province is to obey the laws and pay taxes." And half the people seem willing to pay this price for the privilege to live. The millionaire classes near rule in America today. The idea of the sovereignty of the citizen, has come to be regarded by the privileged classes as a form of silly twaddle which orators may affirm and re-affirm on the Fourth of July; but it has become obsolete as a working principle for business men. Aye, business men, including the vaccinating syndicate, who "stand in" with the politicians and get the kind of legislation they want, and then proceed to dictate terms to the protesting citizen with impunity.

I admit that the coined phrase—"damn the people"—stands for a certain fact, since only a minority in the mass are sturdy and self-sacrificing defenders of both general and personal liberty. A very considerable contingent among our voting population do not appreciate or care for any stake they may have in the government, and therefore hold their vote as a commercial commodity which they are ready to sell in the market and which political parties are just as ready to buy. This class of people, too, will generally turn their children over to the vaccinator rather than be subject to any expense or inconvenience in protecting them.

Civilization breeds curses unknown to barbarism. A primitive and childlike people are sure to fade and die out by contact with a civilization like the mercenary Anglo-Saxon. Our sectarists and schools do not compensate for the evil effects of our vaccination-virus syphilis and "rotgut" whiskey. In a later chapter I shall show that vaccination imposed by the countries of Europe and the United States upon the West Indies, Sandwich Islands, South Africa and Hindustan, outweigh all the other curses we have imposed upon those unfortunate peoples. Japan, though civilized, is departing from her ancient traditions and borrowing her models from the West. She is now being taken in hand by the commercial sharks and has recently adopted our vaccination practice and issued a decree making it compulsory. In the Philippines, too, the irrepressible vaccinator is plying his unholy calling. There, as here, it is financially profitable.

Down in Georgia the vaccinators are likewise busy. I clip the following from the New York World, Nov. 17, 1899:—

"Americus, Ga., Nov. 16.—Two cases of small-pox exist here and the local authorities have passed an ordinance making vaccination compulsory. Half a hundred members of the First Church of Christ (Scientists) oppose vaccination as against the doctrines of Christian Science, and the affair will be settled in the courts.

"Where citizens have refused to obey the new ordinance charges of disorderly conduct have been made against them in the Mayor's court.

"Yesterday Mrs. C. B. Raines, wife of a prominent physician, was summoned to court for refusing to be vaccinated. She is a Christian Scientist. Upon her refusal to be vaccinated or leave the city, Mrs. Raines was sentenced to thirty days in the police barracks. At the request of friends sentence was suspended until today, when the entire Christian Science church congregation was summoned to court upon the same charge. Among the number were many young girls, business men, matrons, and mothers with their babies.

"Attorneys for the Christian Scientists secured a continuance until tomorrow. The Christian Science church is an incorporated body and holds a charter from the state of Georgia guaranteeing religious liberty. The members will steadfastly refuse to be vaccinated contrary to their religious creed, and the entire membership will doubtless be sent to prison tomorrow for contempt of court."

This appears in the daily press merely as an item of news; no comments; no protest against this flagrant injustice and violation of individual rights. Here is a religious body who have normal and conscientious scruples as well as rational and scientific objections, against vaccination. The vaccinated are safe anyhow—according to the oft-repeated assertion of the vaccinators—from all danger of taking small-pox from the unvaccinated. Then why not leave the unvaccinated to their own liberty? Answer: because the aggregate fees from the whole population being vaccinated would be greater than those accruing from only a part being vaccinated. As long as the state has guaranteed this business, why not run it on "business principles?" In the tithing days of the compulsory priest-tax, if we didn't pay up promptly, we were threatened with future damnation. Now, having transferred the privilege of compulsion from the priest to the doctor, he brings calf-lymph-virus-hell right into our households, here and now;—brings it to stay and blossom out into eczema, sores, tumors, and various skin diseases.

I clip the following editorial from the Los Angeles "Medium," Sept. 21:—

"The foulest blow that could possibly be struck at liberty of conscience has been dealt out this morning, (Monday, Sept. 18,) when the doors of the public schools (by decree of school directors backed by the board of health and an infamous state law,) closed against our children because we cannot consent to have their young bodies poisoned and enfeebled by the injection of vaccine rottenness into their healthy veins.

"This invasion by the doctors of the most sacred right of home, (the protection of our children's welfare,) is the most humiliating subjugation to another's will in a matter where intelligent conviction of duty points in the opposite direction, which parents can endure. Humiliating as it is for the fathers to bare their backs to the lash of these diplomatized tyrants, these rascally whippers-in, it is ten thousand times more so for the mothers. Fathers have the one noble and unquestioned right remaining, viz. legislative protest and appeal. Woman has no such able weapon as the ballot with which to defend the objects of her supremest love from desecration by these M. D.'s in their unholy work. Is it possible that woman needed this last and most audacious heart-thrust to goad her on to demand and secure the noblest right of citizenship,—a voice in making the laws by which she shall be governed in the fulfilment of her duty to her children?

"Mother love is the highest expression of the human soul, and must yet command every resource for the carrying out its sacred impulses.

"We especially ask our brother voters, to meet with us and tell us whether they intend to pay their school taxes while their children are robbed of the benefits so precious to every American heart;—to consider what steps to take toward the repeal of the infamous law;—to take counsel with the mothers as to the surest and most speedy way to secure an honorable representation in the legislative halls of the state.

"Since our children cannot be allowed to run in the streets deprived of the advantages of school, while we carry forward measures for the repeal of this unrighteous law, we must devise means for assuming the unjustly imposed burden, of private schools for them. Come one, come all, to the meeting announced on opposite page. MRS. O. F. SHEPARD."

I clip another protest from the Chicago "Times-Herald," Nov. 20, 1899:—

"Chicago, Nov. 20.--To the Editor: The article bearing the title 'Vaccination for Chidren' should be read by the parents of all school pupils. I had just such a case of vicious vaccinating and my little boy died from the poison introduced into his system by the vaccination. When the entire city becomes aroused against the crime of vaccination then will every attempt to carry out the outrage of vaccinating healthy children be suppressed. There is no law to compel pupils to suffer any person to tamper with the health of school children, and the doctors know it, yet they threaten the parents with keeping out of school the children who are told to leave the school if vaccination is attempted to be enforced. Let no rest be given the agitation of anti-vaccination. It is a crime, and no mistake, to infect a healthy babe with poison of any kind.

HENRY C. STRONG,
778 North Rockwell Street."

I will now go a little outside the local province and insert a letter from an able Italian physician—Charles Ruata, M. D., Professor of Hygiene and of Materia Medica in the University of Perugia, Italy. It was published in the New York Med. Jour., July 22, 1899:—

VACCINATION IN ITALY.

PERUGIA, Italy, June 21, 1899.

To the Editor of the New York Medical Journal:

"Sir: In his presidential address to the American Medical Association Dr. Joseph M. Mathews had the goodness to call mad people, misguided people those who have not the good luck to be among the believers in the preventive power of vaccination against small-pox. It is not surprising to hear such language from fanatics; in fact it is most common to see ignorant men make use of similar vulgar expressions; but it seems to me almost incredible that the president of such a powerful association as the American Medical Association in his address showed himself so enthusiastic in his belief as to forget that respect which is due to his colleagues who do not have the same blind faith.

"It may be that we anti-vaccinationists are "mad" and "misguided," as Dr. Joseph M. Mathews affirms in his late address, but I feel that we are far more correct in our expressions, although we do not believe, but are quite sure, that vaccination is one of the most wonderful and most harmful mistakes into which the medical profession has ever fallen. I can assure you that if I am a madman, my madness is very contagious, because all my pupils for several years have become as mad as I am, so that several thousands of the foremost medical men in Italy are suffering now with the same kind of madness.

"One of the most prominent characteristics of madness is shown in illusions and hallucinations which are accepted as fundamental truths. Now, let us see what are the main facts about vaccination and small-pox in Italy:

"Italy is one of the best vaccinated countries in the world, if not the best of all. This we can prove mathematically.

"All our young men, with few exceptions, at the age of twenty years must spend three years in the army, where a regulation prescribes that they must be directly vaccinated. The official statistics of our army, published yearly, say that from 1885 to 1897 the recruits who were found never to have been vaccinated before were less than 1.5 per cent., the largest number being 2.1 per cent. in 1893, and the smallest 0.9 per cent. in 1892. This means, in the clearest way, that our nation twenty years before 1885 was yet vaccinated in the proportion of 98.5 per cent. Notwithstanding, the epidemics that we have had of small-pox, have been something so frightful that nothing could equal them before the invention of vaccination. To say that during the year 1887 we had 16,249 deaths from small-pox, 18,110 in the year 1888, and 13,413 in 1889 (our population is 30,000,000) is too little to give a faint idea of the ravages produced by small-pox, as these 18,110 deaths in 1888, etc., did not happen in the best educated regions of our country, but only in the most ignorant parts, where our population live just as they lived a century ago—that is, the mountainous parts of Sardinia, Sicily, Calabria, etc. Among the great number of little epidemics which produced the 18,110 deaths mentioned, I will only note the following: Badolato, with a population of 3,800, had 1,200 cases of small-pox; Guardavalle had 2,300 cases with a population of 3,500; St. Caterina del Jonio had 1,200 cases (population, 2,700); Capistrano had 450 cases (population, 1,120); Mayerato had 1,500 cases (population, 2,500). All these villages are in Calabria. In Sardinia the little village of Laerru had 150 cases of small-pox in one month (population, 800); Perfugas, too, in one month had 541 cases (population, 1,400); Ottana had 79 deaths from small-pox (population, 1,000), and the deaths were 51 at Lei (population, 414). In Sicily 440 deaths were registered at Noto (population, 18,000), 200 at Ferla (population, 4,500), 570 at Sortino (population, 9,000), 135 at San Cono (population, 1,600), and 2,100 deaths at Vittoria (population, 2,600)! Can you cite anything worse before the invention of vaccination? And the population of these villages is perfectly vaccinated, as I have proved already, not only, but I obtained from the local authorities a declaration that vaccination has been performed twice a year in the most satisfactory manner for many years past.

"Vaccinationists were not a little puzzled by these facts, and yet with the greatest certainty they asserted that this enormous number of deaths was due to want of revaccination. Happily, in Italy we are able to prove that revaccination has not the least preventive power. I only give a few figures: During the sixteen years 1882-'97, our army had 1,273 cases of small-pox, with 31 deaths; 692 cases, with 17 deaths, happened in soldiers vaccinated with good result, and 581 cases, with 14 deaths, happened in soldiers vaccinated with bad result. This means that of a hundred cases of small-pox, fifty-four were in persons vaccinated with good result, and only forty-six in those vaccinated with bad result, and that the death rate among those vaccinated with good result was 2.45 per cent. and only 2.40 per cent. in those vaccinated with bad result.

"Vaccinationists say that when vaccination does not 'take' the operation must be repeated, because no result means no protection given. Now, we see that soldiers not protected because vaccination did not 'take' were less attacked by small-pox than those duly protected by the good result of their revaccination; and that the death rate in those vaccinated with good result was greater than among those in whom vaccination did not 'take.'

"Our vaccinationists did not lose their extraordinary courage before these facts, and they objected that they might be accounted for by considering that during the years before 1890 vaccination was not well performed. I can not understand this objection, but accepted it, and have limited my analysis to the last six years, during which the only lymph used in all our army has been animal lymph, exclusively furnished by the government institute for the production of animal lymph. The results are the following: The total number of our soldiers during these five years was 1,234,025, of which 783,605 were vaccinated with good result, and 450,420 with no result. In the first the cases of small-pox were 153—that is, 1.95 to every 10,000 soldiers, while in the others the number of cases was only 45—that is, 0.99 cases to every 10,000 soldiers. The 'duly protected' soldiers were attacked by small-pox in a proportion double that among the 'unprotected' soldiers.

As you see, these are official statements, extremely trustworthy, because the official statistics were made in a country where and at a time when no one thought that it was possible to raise a doubt against the dogma of vaccination. In our country, we have no league against vacination, and every father thinks that vaccination is one of the first duties; for these reasons no bias could exist against vaccination in making these statistics. I could continue for a long while to quote similar facts, but I wish to call your attention only to the two following ones: During the three most terrible years of epidemics that we have had in Italy lately (1887, 1888 and 1889) the death rate from small-pox among our people of the same age as the soldiers (twenty, twenty-one, and twenty-two years) has been 21 per 100,000, and it was 27.7 during the worst year (1888). In our army the same death rate during nine years (1867-75) has been 20 per 100,000, and it was 61.3 during the worst year (1871).

"In consequence of our young men being obliged to spend three years in the army, it happens that after the age of twenty years, men are by far better vaccinated than women, and, if vaccination did prevent, after the age of twenty small-pox should kill fewer men than women. But in fact just the reverse has happened. I give here the statistics of the three years 1887, 1888 and 1889 as the ones of greatest epidemics, but all the other years give the same results:

	Man.	Woman.	Man.	Woman.	Man.	Woman.	Man.	Woman.
Deaths before the age of 20....	5.997	5.983	7.349	7.353	5.625	5.631	18.972	18.968
After the age of 20	2.459	1.810	1.990	1.418	1.296	863	5.749	4.091

"After these facts I would most respectfully ask Dr. Joseph M. Mathews if he can show that in considering them I have lost my mind. At any rate, I do not consider it correct for a medical man to make use of such language against other medical men, who have the only fault of considering facts as they are, and not as one wishes they should be.

"The progress of knowledge has for its principle base, truth and freedom, and I hope that in the name of truth and freedom you will publish these observations, badly expressed in a language that is not my own, in your most esteemed journal.

CHARLES RUATA, M. D."

CHAPTER VI.

VACCINAL INJURIES AND FATALITIES.

"Small-pox, typhus, and other fevers, occur on common conditions of foul air, stagnant putrefaction, bad house drainage, sewers of deposit, excrement-sodden sites, filthy street surfaces, impure water, and over-crowding. The entire removal of such conditions is the effectual preventive of diseases of these species, whether in ordinary or extraordinary visitations."—SIR EDWIN CHADWICK, C. B.

In the last century it was the intelligent poor who, with an unerring instinct in such matters, were the first to rise in open revolt against the practice of inoculation, a practice which the doctors assured the general public would modify and mitigate the severity of small-pox to the extent that would render it harmless. The inoculators had a pecuniary interest in the practice then, the same as vaccinators have in the practice they are now, through legislation, pushing to the front for its compulsory enforcement. It was thoughts and votes—it was the popular dread and the persistent opposition of laymen which finally overthrew the old inoculation practice. So in this more modern practice, if the doctors were not supported by political legislation, there would be little to complain of. The vaccinator would be but rarely consulted, and it would not be long before the general verdict would be pronounced against it.

There are very many painful facts associated with the practice of vaccination which point toward a distinct vaccinal diathesis as having been engendered in the general population from the presence in the blood of the vaccinal virus as an active morbid agent. But few families in this country have escaped its baleful effects. This deadly virus works its way slowly, perhaps, into the weakest organs of each child, and there industriously sets up its inversive kingdom to wage an unrelenting war against the physiological integrity of the organism. The vaccine virus once introduced into the blood it extends its poisonous influence, and later usurps permanent possession. It has come to stay, and henceforth make a hades of trouble for the possessor. This malignant spirit, intrenched in the very center of the life forces, will defy all the arts we may employ to exercise it. Some poisons are swift, instantaneous; they speedily accomplish their destructive work and then depart; but the vaccine-poison is a composite fiend into which has entered the subtle germs or sporules of eczema, leprosy, consumption, cancer, erysipelas, scrofula, syphilis, and tetanus together with other diseases known and unknown, picked up on the way from Jenner to the present time. Once installed beneath the skin, they take their time to "develop their claim"—one year, ten years, this generation or the next; no matter, death has a mortgage on the premises and will claim his own and receive it on demand. If vaccination were made a penal offence today, yet would the crop of diseases which the vaccinator has sowed continue to yield its terrible harvest of disease and death for generation to come. And the major portion of all this—like a bastard bundle of live flesh—is set down at the door of compulsory legislation—legislation which has been urged and manipulated and lobbied through by politic-members of the medical profession.

In the present chapter I shall reproduce a small per cent. of the reports of vaccinal injuries and fatalities, as furnished by hospital surgeons, medical practitioners, and official reports of boards of health. And I may here premise that vaccinal injuries among the upper classes are far less frequent than those reported from the lower walks of life. The children of the upper class, particularly in England, have good resisting powers, the result of good feeding, plenty of exhilerating exercise, comfortable clothing, abundant bathing, and a clean neighborhood where filth and infection do not abound. Nor is vaccination enforced among the upper class as with the poor.

Vaccinators are never troubled about filthy quarters in a crowded city. They never call a mass meeting of citizens to discuss the menacing danger of cess-pools. Cess-pools have no terrors for them; but an unvaccinated person is a "focus of contagion" that threatens the very foundations of the public health. Even the vaccinated are not safe while a town is menaced by the presence of an unvaccinated person! How fortunate that we have among us a class of skilled experts (?) who thrill with disinterested solicitude for our citizens of every class, lest they catch the small-pox!

A small-pox epidemic is feared; the doctors fan the flames of public anxiety until a panic is on. The order then goes forth to vaccinate—to vaccinate everybody. A motley crowd of mothers with their children from among the poor gather at the vaccination station. No mother is asked by the doctor in charge: "Have you any one at home down with a fever, or suffering from any disease, the virus of which floating about in the air may taint the blood of anyone who may have an abrased skin?" No, the business on hand is to vaccinate. The consequences may be considered later. The prospect of the fee is not to be lightly considered. The thing has to be done. It is law, and it is—it is—business. Bring forward the children.

The first case I shall here present is a marked one; a most pathetic and distressing one. I reproduce it from Dr. John

Pickering's large work, "Which, Sanitation or Vaccination," page 159. Dr. Pickering is a prominent physician of Leeds, England:—

"I proceeded to Colne to investigate the circumstances surrounding this impotent lad early in March, 1890. My visit attracted some attention, and on its reaching the ears of the editor of the 'Burnley Gazette,' one of the staff was sent to Colne to furnish a full report. I take the following particulars from the above-named periodical, dated March 26, 1890, and as it is from the pen of a strictly impartial observer it will have more weight with some people than one written by myself.

FEARFUL CONDITION OF A CHILD AT COLNE.

"The victim of the disease which is attributed by the parents and various medical men, including Dr. Miller, medical officer of health for Nelson, to the effect of vaccination, is a young lad residing with his parents in Sutcliffe's Place, Colne. Thither our representative proceeded for the purpose of investigating the matter. The mother of the lad, a cleanly and intelligent woman received myself and guide, and conducted us to the spacious kitchen. Here we found the lad seated listlessly in a large, comfortable rocking-chair by the side of a glowing fire. He was clothed in a shirt, vest, and knickerbockers, his arms and legs being left uncovered, and presented an appearance painful in the extreme. Dwarfed and deformed, with a small pale face, large eyes which instead of beaming with intelligence, showed a hopeless indifference to everything which passed around him, the lad's condition looked pitiable indeed. His mother informed us that he was nearly twelve years old, but the unfortunate boy looked no more than five at the outside. The right arm, which had been vaccinated, was much the worse deformed of the two. It was scarcely as thick as three fingers of an ordinary man's hand, and was drawn up across the narrow chest, as if in a sling, the hand being turned away at an unnatural angle, giving a dislocated and claw-like appearance. Only two thin, skeleton-like fingers were extended, the others being clutched together in one close clasp. The whole limb was paralyzed and totally useless. On the back of the hand, the elbow, and shoulder, were sores too hideous to be described in detail, which exuded, almost continually, a foul yellow matter. The elbow joint was swollen and contrasted strongly with the slenderness of the arms above and below, which were merely skin-covered bones. Two other sores existed, one on the body under the arm, and another under the chin. This latter wound had closed up, but the mother of the lad said that some time ago, a hole under the chin, where the sore now existed, went so far down that 'you could see the roots of the tongue.' On the left cheek was another large sore which disfigured the little face sadly. The left arm, although not so deformed as the right, was of very little use to its owner, being thin as a lath, except at the joints. The back of the left hand too was covered with a foul, festering mass, and the fingers were slender and elongated until they also resembled the claw of a bird. Sores, little better than those on the hands, almost covered the lad's knees; and both feet, which were naturally small, bore similar corrupt excrescences. The mother informed us that all the sores exuded filthy matter which made perfect cleanliness among the lad's clothing and bedding impossible, although she made every effort within her power to effect this end.

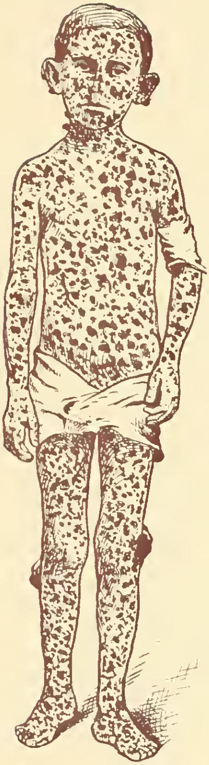
"Another young lad of about nine years old was in the room, and he presented an appearance the exact opposite of that of his elder brother. He was a sturdy strong little fellow with ruddy cheeks and bright eyes, and looked as if he had never known a day's illness. 'This child,' said the woman, 'has been vaccinated too, but I plucked the stuff off the minute it had been put on, and I wouldn't have another child vaccinated like the other one if I was to go to Court every day.'

'Several doctors, it appeared, had attended the eldest lad at different times, but all had been equally unsuccessful Dr. Brodribb, Medical Officer of Health for Colne, had lanced one of the sores on the lad's right hand, but this treatment only made the hand appear worse, and the mother would not permit him to use the lancet on the other hand. Dr. Miller, Medical Officer of Health for Nelson, had attended the lad and had told the mother that neither he nor any other doctor could cure him. 'The child's blood,' he said, 'is poisoned from head to foot.'

"Questioned as to how long the child had been in that condition the mother said that from the time the child was vaccinated it had never been healthy, but not until two years after the operation had been performed did the sores break out in the manner described. The child then had endured nearly ten years of this 'living death,' as his condition has been described. Many people had done their best to relieve him, the woman told us. 'I had him at one doctor and he said that if he did not cure him he would not charge anything. He gave him fifteen bottles, at 2s. a bottle, and he was just as far off when he had got it as he was before he began, and he said, 'I'll give him up.'

"The mother of the boy said she had had twelve children, and had always been a hearty woman. Her husband was also a healthy man, and she could not think that the lad had taken any disease from them. They had always lived in Colne, in Chapel Fold 15 years, and in Colne Lane 20 years. After describing the various treatments to which the child had been subjected, the woman went on to speak of the manner in which his life was spent. He had never learnt to read. He had been sent to school when he was able to get about, but he had been ordered back, as it would not do for him to sit with the other children. When he was better than usual he was able to run about a little and on fine days he would wander about the street on which they lived; and on one occasion he was even able to walk as far as the station. The other children in the street would not play with him, and directly he went into the thoroughfare their parents called them into the house until the boy had gone. Thus the poor lad was shunned like a leper and at that early age, experienced one of the greatest trials to which he could possibly be subjected."

Dr. Pickering continues:—"The subject of my illustration has been described by medical men as a case of 'vaccinal syphilis.' Not that I think much of their opinion. It may be that or it may be that and something more. I lean to the latter opinion. * * * My illustration shows what an ugly blot and what a ghastly risk vaccination is when it can change a healthy



ECZEMA FROM VACCINATION.

child into an object the mother can never look at without a shudder. No consideration in the wide world, save that of its money value, would lead a body of men, claiming some knowledge of pathology, physiology, and chemistry, to retain an observance where such accidents are possible."

This poor boy died while Dr. Pickering's book was going through the press. His agonies were so terrible a few days before his death, that he said to his mother, "Mother, give me some poison to send me home." That had already been done by the vaccinator, who probably felt as little concern over the result as the saloonkeeper does over the wrecked and wretched home whose husband and father he prepared the pit-falls for which precipitated his destruction.

Many children die of diseases after vaccination, previously unknown to physicians--diseases so malignant as to suggest a connection with a distinct order which requires new rules of classification in order to refer them to their proper categories; an order in which the last and highest potency of both humanized and animalized virus have formed a conjunction and evolved a new species, from which a new and distinct diathesis has been established in the human organism. Those who wish to experiment with these poisons on their own person, by all means leave them to their liberty; but to subsidize this practice by state grants and enforce it by means of state penalties, is a usurpation of personal liberty which the American people would not tolerate a single day if they could once realize the really dangerous situation.

As early as 1808 Dr. Richard Reece wrote—Prac. Dict. of Domestic Medicine, London:—

"Even if the cow-pox did afford a certain security against small-pox infection, as Dr. Jenner has represented it, it would still remain a question whether the human race would really be benefited by its universal adoption, since the cutaneous eruptions that have followed have in many instances proved more fulsome than even small-pox itself. That those eruptions do occur after cow-pox infection must be allowed by its most strenuous advocates, being perfectly novel, of a nature unknown before the introduction of vaccination, and peculiar to those who have been vaccinated, and often so inveterate as more than to counterbalance the trivial advantages that we were first led to expect from its introduction." Again, he says:—"It must be allowed that the local inflammation excited by the inoculation with this matter, is of a very unfavorable nature, and often ends in a deep sloughing, frequently producing such an adhesion of the muscles of the arm, as very much to confine its motions; and some instances have occurred of the mortification spreading, so as to destroy the life of the child; an instance of which happened in St. George's Fields. The child was inoculated at the Cow-pox Institution, Salisbury Square, Fleet Street; the inflammation of the arm exceeded its usual boundary; on the sixth day mortification ensued, which proved fatal to the child."

In the "Medical Observer" for Septemebr, 1810, Dr. Charles McLean gives a list of sixty cases of vaccinal injuries, with the names and addresses of ten medical men, including two professors of anatomy, whose families had suffered, seriously suffered, from vaccination.

Dr. Scott Tebb, of London, details the following case.—"A Century of Vaccination," page 282:—

"At an inquest held on December 8, 1882, on the body of Lilian Ada Williams, born in St. Pancreas Workhouse, and vaccinated on the seventh day after birth, the jury found 'that the death was caused by suppurating meningitis, following ulceration of vaccine vesicles on the arm, and they were of opinion from the results of the post-mortem examination that the vaccination of the child ought to have been postponed."

"Such instances are by no means rare, as disclosed in Appendix ix. to Final Report of the Royal Commission, one of the most flagrant cases there reported being a fatal one of pyaemia in a 'puny and probably syphilitic' seven months child weighing 4 pounds 2 ounces, and vaccinated when less than two days after birth. (No. cxxi).'

The London "Lancet" remarks in a leading article.—Vol. II, page 35:—

"There is a belief—it may be denounced as a prejudice, but it is not the less a deeply-rooted conviction, and one not confined to the poor or the ignorant—that if the vaccine disease may be transmitted by inoculation, other diseases less beneficial may be propagated in the same manner, and by the same operation. Many a parent of high and low degree dates constitutional disease in her offspring to vaccination with 'bad matter.' Who shall say that this etiological conclusion is always false?" In the number for October 28, 1854, (vol. ii., p. 360), it is stated:—"The poor are told that they must carry their children to be vaccinated by medical men who may be strangers to them. They apprehend—and the apprehension is not altogether unfounded, or unshared by the educated classes—that the vaccine matter employed may carry with it the seeds of other diseases not less loathsome than the one it is intended to prevent."

That cow-pox disease is sufficient to cause death in a weakly child, is shown by a case where calf-lymph was employed, recorded by Dr. Farrar—British Med. Jour., Oct. 13, 1894: "I consider her death to have been due to a constitutional malaise, induced by vaccine virus in a poorly nourished child."

Again, Dr. Tebb writes—"A Century of Vaccination," page 291:—

"A disease of the skin which has been especially referred to by the Vaccination Commissioners is impetigo contagiosa. The frequent occurrence of this malady after vaccination has been remarked on by the late Dr. Tilbury Fox and others. An extensive epidemic of impetigo contagiosa was occasioned by vaccination in the Isle of Rugen in 1885; seventy-nine children were vaccinated on June 11 with humanized thymos-lymph obtained from a government establishment at Stettin; all, with three exceptions, were attacked with impetigo contagiosa. and, by infection, the disease was spread to 320 out of a population of 5,000 inhabitants. A commission of inquiry was appointed by the German government, who reported that they were unanimously of opinion that the outbreak of the disease had been a direct consequence of calf-lymph vaccination."

In Prof. Wallace,—"Wonderful Century," page 232, are the details of a most distressing case:—

"As an example of the dreadful results of vaccination, even where special care was taken, the following case from the Sixth Report of the Royal Commission (p. 128) is worthy of earnest attention. It is the evidence of Dr. Thomas Skinner, of Liverpool:

"'Q. 20,766. Will you give the commission the particulars of the case?—A young lady, fifteen years of age, living at Grove Park, Liverpool, was re-vaccinated by me at her father's request, during an outbreak of small-pox in Liverpool in 1865, as I had re-vaccinated all the girls in the Orphan Girls' Asylum in Myrtle Street, Liverpool (over 200 girls, I believe), and as the young lady's father was chaplain to the asylum, he selected, and I approved of the selection, of a young girl, the picture of health, and whose vaccine vesicle was matured, and as perfect in appearance as it is possible to conceive. On the eighth day I took off the lymph in a capillary glass tube, almost filling the tube with clear, transparent lymph. Next day, 7th March, 1865, I re-vaccinated the young lady from this same tube, and from the same tube and at the same time I re-vaccinated her mother and the cook. Before opening the tube I remember holding it up to the light and requesting the mother to observe how perfectly clear and homogeneous, like water, the lymph was, neither pus nor blood corpuscles were visible to the naked eye. All three operations were successful, and on the eighth day all three vesicles were matured 'like a pearl upon a rose petal,' as Jenner described a perfect specimen. On that day, the eighth day after the operation, I visited my patient, and to all appearance she was in the soundest health and spirits, with her usual bright eyes and ruddy cheeks. Although I was much tempted to take the lymph from so healthy a vesicle and subject, I did not do so, as I have frequently seen erysipelas and other bad consequences follow the opening of a matured vesicle. As I did not open the vesicle that operation could not be the cause of what followed. Between the tenth and the eleventh day after the re-vaccination—that is, about three days after the vesicle had matured and begun to scab over—I was called in haste to my patient, the young lady, whom I found in one of the most severe rigors I ever witnessed, such as generally precedes or ushers in surgical, puerperal, and other forms of fever. This would be on the 18th of March, 1865. Eight days from the time of this rigor my patient was dead, and she died of the most frightful form of blood poisoning that I ever witnessed, and I have been forty-five years in the active practice of my profession. After the rigor, a low form of acute peritonitis set in, with incessant vomiting and pain, which defied all means to allay. At last stercoraceous vomiting, and cold, clammy, deadly sweats of a sickly odor set in, with pulselessness, collapse, and death, which closed the terrible scene on the morning of the 26th of March, 1865. Within twenty minutes of death rapid decomposition set in, and within two hours so great was the bloated and discolored condition of the whole body, more especially of the head and face, that there was not a feature of this once lively girl recognizable. Dr. John Cameron, of 4 Rodney Street, Liverpool, physician to the Royal Southern Hospital at Liverpool, met me daily in consultation while life lasted. I have a copy of the certificate of death here.

" 'Q. 20,767. To what do you attribute the death then?—I can attribute the death there to nothing but vaccination.' "

Prof. Wallace continued:—"In the same report, fifteen eminent medical men gave evidence as to disease, permanent injury, or death caused by vaccination. Two gave evidence of syphilis and one of leprosy as clearly due to vaccination. And, as an instance of how the law is applied in the case of the poor, we have the story told by Mrs. Amelia Whiting (QQ. 21,434-21,464). To put it in brief:—Mrs. Whiting lost a child, after terrible suffering, from inflammation supervening upon vaccination. The doctor's bill for the illness £1 12s. 6d.; and a woman who came in to help was paid 6s. After the first child's death, proceedings were taken for the non-vaccination of another child; and though the case was explained in court, a fine of one shilling was inflicted And through it all, the husband's earnings as a laborer were 11s. a week."

Let us moralize for a moment. Had Mrs. Whiting's child been injured or killed by a railway train, he could sue the company for heavy damages. But suppose the state not only quashes this indictment, but arrests and fines Mr. Whiting for not having already exposed his second child to the same danger.

We should justly conclude that the corporation and the state were in a conspiracy to sacrifice the children of the poor. The case is not quite parallel, I admit; for while we can readily discover an adequate motive in the vaccinator, it would be difficult to find a corresponding motive in the corporation. Here the vaccinator had already killed one child, and not only collected his fee for inoculating the blood with his vaccine poison, but also another fee for treating the fatal symptoms he had occasioned. One would think he ought to be satisfied with this, and so spare the crucified and bereaved parents further sorrow. But no, the vaccinator was not going to stop with any half way sacrifices. Mr. Whiting had failed to show due respect for the vaccinating god in not bringing all he had and placing it upon that vaccine god's accursed altar. And therefore, notwithstanding the day's wages were barely sufficient to keep the family from hunger, he is arrested and fined. There must surely be impending a judgment day for the manifold oppressions which have so long cried to heaven for redress.

Dr. Pickering writes—"Sanitation or Vaccination," pages 73-74:—

"In a census organized by the A. V. Leagues in Scarbro, about four year ago (1888), the results as to cases of injury, the experience of the householders of a certain district were certified to as follows: Cases of injury 74, and of death 37; total 111. An analysis showed them to be composed of skin diseases, more or less severe, 24; scrofula, 2; abscesses, 13; convulsions, 3; ruined health, 16; erysipelas and other forms of blood-poisoning, 18; crippled for life, 7; not stated, 28; total, 111. These results, it must be allowed, are somber and suggestive in detail.

"Other answers, in various towns, have yielded similar results. If Scarbro, a health resort, gives such convicting evidence as to the baneful effects of the complications and sequelae of vaccination, what would 'Whitechapel' say?"

* * * * * * *

"Look at that little child the mother is fondling on her knees. She how she caresses it; 'tis the loveliest of all earthly gifts. Its skin is white as Alpine snow; its rounded arms and legs are supple, yet firm withal. The eyes are bright as when they first saw Eden. Its sleep is calm and sweet. With a sense of awe and anxiety unknown to man that mother lingers over its fair features, and heaves a sigh pitiful and sad—that child has to undergo a medical operation on the morrow. A medical operation!! The morrow comes, and with it the doctor. He has carefully selected 'good matter,' the incision is made, and the cancerous deed is done. After many assurances, which are not worth a breath—the mother heeded them not—the vaccinator packed up his traps and away he went, dreaming not of what he had left behind to work out its cunning. In a few days the child became ill; the arms were inflamed, the eyes and nose were running sores; it wasted away, and death ended the puny child's career, and that was all! No, it was not. The mother lost her child; her reason went after it, and she was consigned to a mad-house. The father was a widower and childless. This is vaccination! Do you say it is an exceptional case? So far as father and mother are interested, yes; but not so with regard to the child itself. I maintain that for the United Kingdom a folio volume of the size of Dooms-Day Book would be required in which to register the mishaps of a single twelvemonth!

* * * * * * *

"Here is another case of vaccine injury, unique and harrassing in its details. A child was vaccinated, and a short time afterwards it developed sores over the whole body. Infirmaries and their medical staffs were helpless to relieve the sufferer, and it survived for nearly two years; but the skin shrivelled up and resembled that of a mummy. Prior to its decease the parents covered up the face, it was so agonizing to look at.

Here is a case, also related by Dr. Pickering, though not a special case of vaccinal injury, it is nevertheless so full of suggestiveness and common sense, I will insert it here—page 65:—

"During the epidemic years 1871-2, I had the most singular requests made to me. I was sent for to see patients young and old, in all stages of the disease and at all hours of the day and night, both in Leeds and the suburbs. One morning when I was about to leave my house a note was brought from Miss H., the daughter of a soldier, saying that the husband of a sister of her maid, living at Armley, was very bad with the small-pox, and would I kindly go and see him. After reading my letters at the office, I took the train up to Armley, and proceeded to the house of a Mr. Skinner, at the address furnished me by my correspondent. He was in a bad condition truly. I never saw a worse case. The wife was in a state of mind bordering on distraction. She said to me, 'The doctor says my husband can't recover. He came yesterday and said he should not go into the bed-room again, as it was the severest attack he had seen.' I answered, 'You may perhaps save your husband's life if you are prepared to carry out my injunctions with a woman's will.' 'Sir,' she replied, 'tell me what I am to do, and it shall be done.' 'Go, then,' I said, 'at once to the nearest shop, and purchase a piece of mackintosh two yards by two, and some soft soap; place the mackintosh under him, and wash the body well with wash leather, using the soft soap and tepid water; do this five or six times during the day and, when the fever symptoms abate, you can reduce the washings to three or four per day, but the ablution of the body must be continued morning and night for a fortnight. After the second day you can use a bed-room towel instead of the wash leather, but in the present tender state of the skin the wash leather will not irritate it more than he can bear. Let him have milk, oatmeal gruel, and as much cold water as he can drink. Have the windows and doors open, but keep him warm with extra blankets. In a few days—two or three—sponge the body with cold water after the tepid wash, and with this treatment put an additional blanket over him, so as to encourage a healthy re-action. Do this, and you have done your best to save your husband's life.' I repeated my orders again where necessary, and left the two, wife and husband, in charge of the good angel of Sanatory Science.

"In three weeks time that man was at his work, 'sound, wind and limb.' He and his wife have since emigrated to Australia, and I heard, only a month ago, they were doing well in their adopted country. This man had been vaccinated."

That small-pox is such a terrible scourge, is chiefly due to popular ignorance. Drastic drug specifics are not required in its treatment, or will not be when people order their lives in conformity with the physiological laws and rise above the depressing influence of fear. Every year fever slays its thousands. Dr. Pickering lived in the midst of the small-pox for years nursing and caring for those afflicted with the disease, yet the infection never became active in his organization.

In the "Family Physician" issued by Cassell & Co., p. 508, we read: "We know of no cure for small-pox and the disease must be allowed to run its course." Again on page 568: "It must always be borne in mind that we have no specific remedy for any of our common fevers. We cannot hope to cure them and in many cases the object of the treatment is simply to conduct the fever to a favorable termination, and to ward off any inter current disease." This work is the product of many medical writers and is a compendium of physic up to date. I simply drop these hints, but it is not my present purpose to enter upon a discussion of a rational mode of treating all zymotic affections. But I will state on general principles, if the regular doctors could bring themselves to feel a small fraction of the solicitude for the people to adopt sanitation, hygiene and physiological modes of living, that they do for forcing vaccination on the general public, we should then have prevention on a scale that would amount almost to perfection. If it were not for the shekels associated with vaccination and lack of it in teaching the laws of clean-living,—in other words, if the wampum, to use the Indian's word for cash, could be transferred to the other "bull's horn"—we might then hopefully look for a changed attitude from that fraud of the profession whose main dependence is the calf-lymph infected lancet, and drastic drugs.

William Forbes Laurie, M. D., Edinburgh, St. Saviour's Cancer Hospital, Regent's Park, says: "Being anxious not to do mischief to my fellow-creatures, and being, as regards my own family, liable to fine or imprisonment under the Compulsory Vaccination Act, I lately wrote to some members of Parliament on the subject. I asked them to come here and see for themselves the dismal results of vaccination in cases of paralysis, blindness of both eyes, hip joint disease, consumption and frightful forms of skin disease. Though I received replies they have not yet inspected the cases."

VACCINATION A FRUITFUL CAUSE OF CANCER, ERYSIPELAS AND LOCKJAW.

Cancer in the human system is somewhat analagous to the mistletoe on forest trees, as it grows at the expense of the life or structure upon which it fastens. It is a morbid and foreign growth, converting the cells and tissues of organs in which it has established itself for the growth of its own inversive death-prophesying structure. In its immediate vicinity the tissues deteriorate and die, often leaving a gap or open ulcer between the sound flesh and abnormal growth. It is often hereditary and may remain latent for thirty or forty years, and then suddenly burst forth in its work of destruction. It may be propagated or communicated to the blood of a healthy person through an abrased skin, or from the point of a lancet, somewhat after the manner of the leprosy contagion. In Zurich, Germany, Dr. Hanan succeeded in propagating cancer in rats by inoculation in 1890. It may be readily communicated by means of arm to arm vaccination, since the cancer virus is latent in the blood of many an apparently healthy child. Nor can we be certain that calf-lymph is free from latent hereditary cancer. Indeed, there are not wanting the highest medical authorities who believe vaccination is the principal cause of the alarming increase in cancer during recent years.

Dr. William Hitchman, consulting surgeon to the Cancer

Hospital, Leeds, formerly public vaccinator to the city of Liverpool, stated in 1883, that "syphilis, abdominal pathisis, scrofula,, cancer, erysipelas, and almost all diseases of the skin, have been either conveyed, occasioned, or intensified by vaccination.' —Vac. Inquirer, p. 31.

Dr. Dennis Turnbull, author of "The New Cancer Treatment," says:—

"In my treatment of cancers and tumors during the last 30 years, it has fallen to my lot to come in contact with all grades of society; and, with a view of eliciting the true facts, it is my habit carefully to interrogate my patients, relative to their general habits of life, their antecedents, and the health of their ancestors. I have, therefore, gathered a considerable store of information, which enables me to speak with some authority; and I have no hesitation in stating that, in my judgment, the most frequent predisposing condition for cancerous development is infused into the blood by vaccination and re-vaccination."—The Vegetarian, London, 24th November, 1888.

"Cancer" says Dr. Hitchman, "is a blood disease; so also is cow-pox; and when, to inherited or acquired morbid tendency, vital exhaustion, digestive disorder, and unhealthy surroundings, are added the various complications attending vaccination, the presence of certain growths, or even bony structure in the larynx or any other part, is not surprising to one who believes in casual sequence. Scientifically, whatever tends to a diminution in the natural color and specific gravity, especially of the red corpuscles of the blood, may, sooner or later, lead to serious transformation into tubercular, syphilitic, or cancerous affection."—Vaccination Inquirer, London, February, 1888.

It is also important to note a very peculiar relationship between calf-lymph and human tissue, namely, in their relative rates of organic change. The growth from infancy to adult life in man is extremely slow, while bovine organic processes are very rapid. Hence inoculation of the blood through the skin of a human subject with calf-lymph—however pure—would furnish the conditions for the commencement and growth of cancer, owing to difference in rate of growth of the two sets of plasmic cells. The foreign cells thus introduced would grow in the weaker organ where they would become seated, at the expense of the cells in the surrounding structure; and when we remember that all vaccine matter is a degenerate form of lymph—lymph which has undergone retrograde metamorphosis, putrifaction—the disturbance and ultimate destruction it will occasion by injection into the circulation, will be a hundred-fold greater than if taken into the stomach, where nature could dispose of it without sensible harm.

The lymphatic system is traversed by a far finer network of glands and vessels than is comprised in the veins and arteries, and according to Swedenborg, the lymph that circulates in these vessels is "the true purer blood" of the body. Now, the poison that finds its way through an abrasion or puncture of the skin, is immediately taken up by the lymphatic vessels; and when a cancer begins to grow its little branches and rootlets traverse and ramify in these very vessels, which are specially and immediately invaded by vaccination. We need not therefore, be surprised that so many cases of vaccinal injury occur even when "pure glycerinated calf-lymph" only is used by the vaccinator. For every case of small-pox which vaccination "mitigates" we may be pretty sure there will be ten cases of cancer. Cancer cases are now most rapidly multiplying in those countries where vaccination is well nigh universal—Germany, England, New Zealand, and the United States. It has been stated, re-stated and never denied so far as my knowledge extends, that no Jew or Jewess was ever known to have a cancer unless they had first been vaccinated. It is undeniable that calf-lymph virus—the extract of heifer sores and ulcers—is the cess-pool that breeds blood diseases—the medical wayside weed-patch, on which grows and thrives pimpled faces, ulcerous sores, tumors, cancers, scrofula, and consumption.

Dr. Turnbull, in his book, "The New Treatment," writing on the origin and spread of cancers, after referring to sundry exciting causes—tight lacing, smoking, drinking, etc., says; "Numbers of my patients have expressed themselves as absolutely certain that they never had the slightest sign of cancer until after they submitted to re-vaccination. Let all truly scientific men cease to vaccinate, and, my word for it, the spread of cancer will be materially lessened."

In a carefully written pamphlet on "Cancer and Vaccination," by "Esculapius," the writer concludes as follows:—

"No candid and scientific inquirer who has read the recent works of Drs. Creighton, Edgar Crookshank, and Scott Tebb, can be surprised that an alarming increase in cancer is even now evident. Those who adopt so blindly the brutal practice calf-lymph vaccination are but too surely sowing the wind which they must inevitably reap as the whirlwind, a whirlwind of corruption, disease, and national deterioration. Where the so-called human lymph is employed, syphilis, leprosy, and tuberculosis follow in its train; and wherever calf-lymph is used, tuberculosis and cancer spread like a conflagration."

Erysipelas is one of the most frequent as well as serious effects that follow vaccination. But of late years the deaths resulting from this cause have been classed under different headings. In England and Wales, between the years 1859 and 1880, 379 deaths from erysipelas were directly traceable to vaccination. Indeed the usual inflammation excited by cow-pox virus is erysipelatous in character.

The following table, from Dr. Scott Tebb's work, page 346, gives the number of deaths for each of the intervening years:—

Year	Deaths from erysipelas after vaccination.	Year.	Deaths from erysipelas after vaccination.
1859	5	1870	20
1860	3	1871	24
1861	2	1872	16
1862	3	1873	19
1863	11	1874	29
1864	13	1875	37
1865	10	1876	21
1866	10	1877	29
1867	4	1878	35
1868	9	1879	32
1869	19	1880	39

In the "Am. Jour. of the Med. Sciences," October, 1850, Mr. W. Moreland, secretary of the Boston Society for Medical Improvement, gives extracts from the records of the society relating to erysipelas following vaccination, and reported on by medical men. Eleven cases were given, three being fatal. Of the eight that did not prove fatal, four were very severe, three of which were attended with extensive sloughing.

In the "Lancet," May 31, 1863, Mr. J. R. Wells relates a case of a lady aged 55 years, who was re-vaccinated. Symptoms of phlegmonous erysipelas set in the following day and in four days after the operation she died.

The "Lancet" of Nov. 24, 1883, relates the cases of two children named Elliston and Griggs, who were vaccinated October 16, and in seven days two other children were vaccinated from lymph taken from the child Elliston. In a short time the Elliston child and the two last children vaccinated, died of erysipelas. The operations were performed at the regular vaccinating station.

"In 1875, there was an official inquiry at Gainsborough by Mr. Netten Radcliffe, of the Local Government Board, into cases of erysipelas following vaccination, of which six died; a searching investigation failed to dissociate the operation from the fatal erysipelas.

"In 1882 another Local Government Board inquiry was held by Mr. Henley and Dr. Airy at Norwich into certain deaths alleged to have been caused by vaccination. It was shown that eight children suffered from erysipelas 'due to some abnormal peculiarity or contamination of the lymph;' of these, four died.

"On the 25th of May, 1883, sixty-eight recruits were vaccinated at Dortrecht, Holland. Of these seven were attacked with erysipelas, and three died. In consequence of these cases, the minister of war, Mr. Weitzel, issued a circular notifying recruits that hereafter re-vaccination was not obligatory in the Netherlands army.

"Before the South Wales and Monmouthshire branch of the British Medical association, on Nov. 15, 1883, Dr. C. T. Vachell, of Cardiff, related a series of cases where erysipelas followed vaccination. On November 1, a child, aged three months, and an adult were vaccinated with lymph obtained from London. On the eighth day the arm of the adult was much swollen and red. On the same day the child presented every appearance of having been successfully vaccinated, and five tubes were charged from it. On November 10, five children were vaccinated from these tubes. On the 11th and 12th all these cases were attacked with erysipelas of the arm vaccinated, and, on inquiry, it was found that the child from whom the vaccine lymph had been taken was attacked with erysipelas on November 9."

—"A Century of Vaccination," page 348.

Among the older records of the Local Government Board are the following:—

"(1). A series of nineteen cases of erysipelas from vaccination at Warrington, with five deaths, in 1871.

"(2). A case of serious erysipelas from vaccination with National Vaccine Establishment lymph at Stoke Newington in 1871, in which inquiry elicited that violent inflammation had occurred in others vaccinated with lymph from the same vaccinifer; the vaccinifer having an inflamed arm on the thirteenth day and a small abscess in the axilla

"(3). Six cases of serious inflammation and three deaths in a series vaccinated with ninth-day lymph from one vaccinifer at Appleby, in 1873.

"(4). Several cases of erysipelas and inflammation, with five deaths, in a series of vaccinations at Chelsea, in 1875.

"(5). Twelve cases of excessive inflammation, six of erysipelas, with three deaths, two cases of axillary abscess, and one large ulcer, in a series of vaccinations at Plomesgate, in 1878.

"(6). Ten cases of erysipelas or abscesses, with four deaths, and several cases of eczema in a series of vaccinations at Clerkenwell, in 1879, in which 'it is clear that the erysipelatous contagion was imparted at the time of vaccination.' These assumed the form of syphilis.

"(7). Three cases of extensive erysipelas from vaccination at Blandford, in 1883.

"(8). Three fatal cases of erysipelas from vaccination at Sudbury, in 1883.

"Between the 1st of November, 1888, and the 30th of November, 1891, one hundred and thirty-two cases of inflammatory or septic disease (mostly erysipelas) following vaccination and terminating fatally, were the subject of inquiry by the Local Government Board. Numerous cases have also been investigated by the Royal Commission on vaccination, and are cited in Appendix ix. to their final report.—Ibid. p. 350, Scott Tebb.

"Dr. Theodore Dimon, St. Louis "Courier of Medicine," 1882, vol. vii., pp. 310-312. Boy, nine years old; vaccinated January 6, 1882, with bovine lymph. Tetanus supervened on January 27; no cause discovered except vaccination, which was followed by an irregular shaped ulcer. Boy died on the tenth day.

"Dr. H. J. Berkeley, 'Maryland Medical Journal,' 1882-83, vol. ix., pp. 241-245. Healthy man, forty years old; vaccinated in the middle of January, 1882. Tetanus supervened on February 7; death on February 13. No lesion discovered except at the point of vaccination, which was occupied by a deep ulcer, with an inflamed and indurated border resembling syphilis.

"Dr. W. T. C. Bates, 'Transactions of the South Carolina Medical Association,' 1882, vol. xxxii., p. 105. Mulatto boy, aged five years; vaccinated February 9, 1882, with humanized lymph. Tetanic symptoms supervened on March 8. No other cause but vaccination discovered. Boy lived fifteen days.

"Dr. R. Garcia Rijo, 'Cronica Medico Quirurgica de la Habana,' 1886, vol. xii., p. 388 White child, two years old; vaccinated in April, 1886. Characteristic tetanus appeared in latter part of May. No lesion beyond vaccination discovered. Death followed on the fourth day.

"Dr. Zahiroodeen Ahmed, 'Indian Medical Gazette,' March, 1889, vol. xxiv., p. 90. Adult, aged twenty-one. The symptoms appeared fourteen days after primary vaccination. He died.

"Local Government Board, Case x., Appendix ix., Final Report, Royal Commission on Vaccination. Female, aged two years; vaccinated on September 10, 1889. Symptoms of tetanus first appeared on October 2, and patient died on the 5th of October.

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"Dr. P. A. Morrow, in referring to eruptions incident to vaccination, observes: 'It must be confessed that the profession has manifested a most decided unwillingness to recognize their direct dependence upon vaccination.'

"Again, in the Local Government Board inquiries on erysipelas, held by Mr. Netten Radcliffe at Gainsborough, and by Mr. Henley and Dr. Airy at Norwich, before referred to, there were in all ten deaths, and in only one of these was vaccination mentioned on the certificate of death.

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"It is impossible to form any accurate estimate of the total amount of serious and fatal injuries produced by vaccination; the following table only gives the deaths recorded by the Registrar-General:—

England and Wales.—Deaths from cow-pox and other effects of vaccination, from 1881 to 1896.

1881	58	1889	58
1882	65	1890	43
1883	55	1891	43
1884	53	1892	58
1885	52	1893	59
1886	45	1894	50
1887	45	1895	56
1888	45	1896	42

DR. S. TEBB.

"This shows that in England and Wales, according to medical death-certificates, one child on an average dies every week from the effects of vaccination. This fatal record, however, does not by any means represent the damage done by the operation, as for every death there must be a very large number of children who are injured, but survive for years with enfeebled constitutions.—Ibid pp. 360-61.

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"Also, in an inquiry, on behalf of the Royal Commission, on a series of injuries from vaccination at some villages in Norfolk, in 1890, Dr. Barlow found, from the brief provisional investigation he was able to make, that some septic material had been introduced at the time of the insertion of the vaccine lymph, and that this was mainly responsible for the untoward results obtained. There were three deaths and in none of these was the word 'vaccination' mentioned on the death certificate.—Ibed p. 364."

A perusal of the history of vaccination is not calculated to excite our veneration toward the medical profession, the older schools of which sanction a species of blood-poisoning with concentrated animal virus in a manner that contravenes the principles of all true science. Their specifics are largely derived from the traditions and superstitions of an ignorant age. All their theories concerning the preventive and mitigating effects of vaccination belong to the category of pseudo-science. The profession knows this to be pseudo-science, and yet with craft and cunning they shun discussion, shelve complaints, evade and mutilate facts, twist statistics, raise false and irrevelent issues, make false returns of death from vaccinal injuries, dub anti-vaccinators as pestilent agitators, lobby for compulsory vaccination, persecute the true psychic who restores the sick without medicine, and do many other things which reveal motives foreign to the public welfare.

In this domain—the vaccinating branch of the profession—medical practitioners are inversive, reversive, and subversive; they invert the order of nature by creating disease with the pretence of preventing disease; they revert to an ancient superstition which Jenner borrowed from peasant milk-maids, and which Lady Montagu borrowed from the common folk in Turkey; and they subvert the intention of nature by sowing an extra crop of incurable diseases in the name of health—scrofula, cancer, erysipelas, leprosy, consumption, etc.

No part of the organism requires greater care and attention than the skin. It is the most fatal avenue through which poisons can reach the blood. The venom of the rattlesnake would be comparatively harmless in the stomach, but reaching the blood and nervo-circulation through the skin it is swiftly fatal, while the virus of scrofula, leprosy, or cancer, reaching the blood in the same manner, may lie latent for years and then spring forth with malignant activity. Note also, that the function of the skin is to excrete not to absorb; it is to throw out waste material that has fulfilled its use, not so much to take in material, for this would be "climbing up another way" than the one ordained by nature. Ninety-nine per cent. of all substances that enter the body through the skin are interlopers and enemies which forever war against the original integrity of the man. A mosquito made a minute puncture on the neck of a healthy girl; it had just previously left the cheek of a leper. The following year that maiden revealed the unmistakable symptoms of leprosy. A blue bottle fly inoculated an abrazed surface on the nose of a butcher; a rusty nail pierced the foot of a girl in her stocking feet; a wasp stung a delicate child on her arm. All these died with blood poisoning. Only last Forth of July, about a dozen small boys in various parts of the country received slight skin flesh wounds from gunpowder; all of whom developed lock-jaw in a few days, and died. And not many months since I read accounts in the daily press of one child bitten by a red ant, and another child was stung by a bee, in both of whom blood poisoning supervened, and they died.

Thus we see how the skin is a gateway through which the most subtle and infinitesimal poisons may reach the citadel of life, there to deploy in the work of destruction, either slowly or swiftly, but always surely, having only one goal, which is death. It is through the skin the opium fiend injects the agent of his fantasia, through the skin the viper strikes his venom; aye, through the skin the vaccinator pushes his lance, dipped in the virus that may have traveled from afar, gathering a legion of diseases on the way.

RE-VACCINATED HOSPITAL NURSES.

It is frequently asserted by advocates of vaccination, that re-vaccinated hospital nurses very rarely if ever contract small-pox, and still more rarely die of it. While we may admit with Bacon that, "The plague is not easily received by such as are continually about them that have the plague, as keepers of the sick and physicians;" still, such immunitiy as they enjoy is in no wise related to vaccination or re-vaccination. They take the disease and die, the same as other people, but more rarely. Their unifom protection lies in their general health, sanitary habits, and in their cheerful spirits, which are never associated with fear. Dr. Robert Cory officially distributed cards to parents at public vaccinating stations, which stated that: "For fifty years nurses in small-pox hospitals had wholly escaped small-pox, owing to their re-vaccination." This card was originally printed —"Nurses at the small-pox hospital, Highgate." By dropping out "the" and appending an "s" on hospital, a much stronger case for the vaccinator was made out. This same Dr. Cory was the heroic gentleman who inoculated himself with syphilis from a syphilitic child, to prove experimently by vaccination that it could not be thus communicated. But its possibility was duly and painfully demonstrated in his person. The sad sequel need not be related.

I will here append a few reported cases, sufficient to illustrate two or three aspects relating to hospital nurses:

"Dr. C. T. Pearce said to the Parliamentary committee of 1871: 'I yesterday visited the small-pox hospital at Highgate, and (after the statements which have been made in this room that the nurses of that hospital are secure against small-pox by re-vaccination) I confess that I was not a little astonished when the door was opened by a nurse whose face was scarified all over with small-pox. I asked the nurse how many patients there were in the hospital? She said 104. 'Are there many vaccinated?' 'Nearly all, sir, now, and many of them twice over.' 'How many nurses are there?' 'Twelve.' 'How many night nurses?' 'Two.' I went from Highgate to Northumberland Street, and there had an interview with the assistant clerk, who gave me the astounding information that at Stockwell a nurse recently engaged because she was pitted with small-pox, was re-vaccinated on her engagement, and she is now in bed with confluent small-pox!"—London Soc. Tract, p. 6, Hospital Nurses.

"At the Fulham Hospital, three of the re-vaccinated attendants under Dr. Makuna took small-pox."—Small-pox and Vaccination. Dr. W. T. Iliff, p. 10.

"At the same hospital, Dr. Sweeting states that four of his re-vaccinated nurses had taken the disease."

"At the Halifax Hospital, in April, 1881, the matron and a nurse contracted small-pox from a patient; the matron had been previously vaccinated, while the nurse had been re-vaccinated only a week before she was taken ill."—British Medical Journal, May 7, 1881.

"At the Lewes Fever Hospital a nurse was engaged, and re-vaccinated November, 1881. She took small-pox about a week afterwards. and had it badly, but was not marked. She had been vaccinated in infancy, and again when ten years of age."—Vaccination Inquirer. vol. iv., p. 66. Letter, W. T. Martin.

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"In a letter addressed to Mr. Wm. Tebb, dated January 20, 1882, the late Dr. W. J. Collins states that on the occasion of a recent debate on the vaccination question, at which the house surgeon of the Fulham Hospital was present, he (Dr. Collins) 'had a chat with him afterwards, when he confessed that five of his re-vaccinated nurses had taken small-pox! He (the house surgeon) said he had not considered the difference as regards stating between vaccinated and re-vaccinated.'" (! !)—Ibid.

"Ashton-under-Lyne has just passed through a small-pox scare in consequence of the occurrence of some twenty cases with seven deaths. Nearly all were vaccinated, including two re-vaccinated nurses in the Workhouse Infectious Hospital."—Vaccination Inquirer, v. 10, p. 5.

"The 'Leicester Chronicle,' July 1, 1893, stated that Mr. Clarke, Inspector of Nuisances to the Blaby Union, died of small-pox at the board's 'hospital camp.' In commenting on the case, 'The Vaccination Inquirer' says:—'It was not long before he contracted his own fatal illness that he remarked, in conversation with Mr. Amos Booth, that he considered it impossible for him to take small-pox, so well protected was he.' "

"Writing in 'The Star,' March 1, 1894, in reply to statements in 'The British Medical Journal,' Mr. J. T. Biggs, member of the sanitary committee, Leicester, said:—'During the present outbreak, which began in September last, five of the nurses and attendants at the hospital, all well vaccinated (one of the nurses being re-vaccinated), have been attacked with small-pox. One of these, a very bad case, died of confluent small-pox."

"Nurses, being generally advanced in years, habituated to fatigue, and little liable to worry of spirits, do not readily receive infection."—Instructions Relative to Contagious Diseases, London, 1801.

"This well-known phenomenon attending small-pox will appear less singular when we reflect that the same observation has been made respecting the plague, a more virulent contagion, the history of which shows in every invasion of that dreadful malady, that many escape, though constantly employed about the sick, or infants sucking their infected mothers."—(Small-pox) R. Walker, M. A., London, 1790.

"In Buck's 'Treatise on Hygiene and the Public Health,' vol. 2, p. 521 (Art. 'Small-pox and Other Contagious Diseases') we read: 'It is a fact, fully appreciated by medical men, that persons constantly exposed to small-pox very rarely contract the disease. In the case of physicians, health inspectors, nurses, sisters of charity, hospital orderlies, and some others, this is the rule; and of over one hundred persons who have been, to my knowledge constantly exposed, some of them seeing as many as a thousand cases, I have never personally known of more than one who has contracted the disease; but there are many writers who believe perfect immunity to be extremely rare. In this connection, attention may be called to the exemption of certain persons who occupy the same room, and perhaps bed, with the patients, and though sometimes never vaccinated, altogether escape infection."

"The late Dr. W. J. Collins, of London, who had a long experience as a public vaccinator, in his essay entitled 'Have You Been Vaccinated?' writes:—

" 'I have had a good deal to do with nurses, and know their physical capabilities as well as any man. At one time I had a staff that I was in the habit of employing, and they were so constituted in mind and body as to resist any infection. They were built upon the square, hard as nails, broad as they were long, with plenty of room for the vital organs to play. They had no idea of danger, and seemed to have been born before nerves were invented. They were always in capital spirits, and troubled with a good appetite. * * * These nurses were in constant attendance upon patients who were suffering from small-pox, fever, etc. They had never been vaccinated or had small-pox.' "

"Mr. Thorpe Porter, M. R. C. S., of the Small-pox Hospital, South Dublin Union (see 'Medical Press and Circular, March 2, 1872), says:—

" 'With reference to re-vaccination, I have no faith in it. Not one of the thirty-six attendants at the South Dublin Union Sheds has taken small-pox. Only seven of the number were re-vaccinated. and as the remaining twenty-nine enjoyed the same immunity, wherein is the necessity of the operation?' "—Ibid.

CONSUMPTION AND VACCINATION.

The experiments conducted by M. Toussaint, in France (1881) leave no room for doubt that tuberculosis is due to a specific organism, and may be communicated to a healthy person through vaccination. He vaccinated a tubercular cow with lymph from a vaccine vesicle raised on a healthy child. Then in turn with the lymph from the pocks of the cow he vaccinated four rabbits and a pig. The rabbits were killed two months afterwards and found to be suffering from tuberculosis at the point of inoculation, in the glands and in the lungs. The pig also developed tuberculosis, both local and general. Here we are confronted with a fact of great significance. Toussaint's experiments prove that tuberculosis is communicable through vaccination; and as cows are subject to the disease, both in its latent and active form, we can never be certain that the calf-lymph from the vaccine farms is free from this subtle and insiduous enemy—consumption.

In the preface to Dr. Pickering's large work—"Sanitation or Vaccination"—he presents some significant details from his own family history:—

"My attention was first directed to vaccination by hearing the details of a mishap in my own family circle. The grandfather of my first wife was a surgeon practicing in a town in the East Riding of Yorkshire. About the year 1808 there was some stir amongst the members of the profession as to the duty of vaccinating their own children, I suppose by way of showing their confidence in the operation. Now the surgeon's wife,—a woman remarkable for her strong common sense,—exhibited considerable reluctance to her own children being dragged at the chariot wheels of this new invader. At length her husband said, 'Well, it matters this much to me: if vaccination is not performed in my own family, I am so teazed about it that I must give up my profession, and seek for some other means of gaining a livelihood.' This was an argument the wife was not able to resist; her consent was withheld no longer.

"The next question was where to find a healthy child from whom to gather a small harvest of Jenner's 'pure lymph.' A medical neighbor interested himself in this behalf, and in a few days the opportunity occurred to him, when a young woman, resident in Barnsley, came home with her child, three months old, to visit her parents, and was advised to have vaccination performed by the physician who had attended their own family for many years, and she applied to him accordingly. The child was apparently strong and healthy; vaccination was perpetrated; virus was stored from this vaccinifer; and the two children, ranging from one to three years old, members of the surgeon's family firstly referred to, were vaccinated in due course with the lymph thus acquired.

"There was no taint of hereditary disease in the surgeon's family; his progenitors had been farmers in that part of Yorkshire for two centuries or more; and the wife's family came from a healthy stock.

"Within twelve months after vaccination the two children sickened; the ruddy cheeks became pale; and the whole constitution showed symptoms of some unaccountable yet disastrous change. By a sort of instinct peculiar to woman, the wife insisted that her husband should go to Barnsley to inquire into the antecedents of the parents from whose child the lymph had been abstracted. He went, when, to his dismay, he found that both parents were the offspring of families subject to hereditary consumption

"The cloud of dejection and regret was never lifted from the future careers of either husband or wife; and the two children, a boy and a girl, knew not what health was in their after lives. The two grew up tall and handsome; both married in due time, but the sister only had a family; she had three boys and a girl.

"To cut a long story short, the parents died of consumption before they reached 46 years of age; and of the second generation two of the three boys and the sister died of consumption before they attained their 26th year; the other boy, by emigrating to a warmer climate (Springfield, La., U. S.), added ten more years to a weary and painful existence;—he died of consumption, at 35 years of age.

"The sister above mentioned became my wife; we were first cousins; she left two daughters; one died of consumption, in her 26th year; the other still lives, but she has never known what 'life' is; she has been more trouble in her rearing than all the eight children by my second wife 'put together.'

"Thus the members of a whole family had been hunted —thrust out of existence—by one unfortunate vaccination. How many similar instances there have been in the same period unrecorded, no one will ever know. Some estimate may be formed when I say that, in my journeyings to and fro in the world, I have never met with an individual whose experience did not run on parallel lines with my own; he or she had to recount misadventures in his or her family, or in the family of a friend or neighbor. No exception to this rule has presented itself during an advocacy extending over the third part of a century—a remarkable fact!

If the people of England knew the full meaning of "Vaccination," of the misery and death for 92 years last past, of which it has been the sole exciting cause, and if they could but follow the history of each event with its far reaching consequences, through three generations of people, not a vaccinating station would be standing in England tomorrow night; nor is there a vaccinator who would ever be permitted to refer to the subject in any educated family to the end of his days.

It is bad enough in all conscience, that the medical profession recommend a form of blood-poisoning as a prophylactic against a dreaded disease; but to force such a practice on the children of the poor, is a piece of human folly which deserves to be branded as a merciless crime against society. The physician should be to the people the most reliable oracle, pointing the way to life and health; but instead he sends them the way of disaster and death—even forcing,—compulsorily forcing—them into the path that conducts thither! Professing to stand as guardians and protectors of the little children in seasons of danger, he cuts off every avenue of escape by the device of politic-compulsory laws; then with lance and pus proceeds to poison the fountain of youth by the performance of a rite that was imported from the lowest pit of beastliness, sores on horses heels and cow's teats! Neither the third or fourth generation may atone for the injury thus inflicted. Certainly, the doctors would abandon this dreadful business were not their pecuniary interests so completely interwoven with it. I do not say that vaccinators always sin against transparent knowledge, for I know how prone we all are to nurse opinions and beliefs when they favor our self-interest. The "love of money" is, indeed, the root of this "evil" as of every other, and we must be very watchful if we are not caught compounding with error when our bank account is steadily increasing. If it were possible to separate this practice wholly from pecuniary considerations, it is my firm conviction that the concensus of medical opinion would right soon declare against it.

In the evil times upon which we have fallen, each individual should strive to become "wise as serpents and harmless as doves," for it is now incumbent upon each human unit in the fermenting body politic, to watch and defend his own integrity. Against this integrity all class-interests combine. Production, massed in great trusts which are in possession of the labor-saving machines, sends the individual adrift who depends upon the labor of his hands. The grocer feeds the body with adulterated food; the manufacturer clothes it with shoddy garments; the vaccinator punctures and poisons it with putrid pus —and so on to the end of the chapter. From every direction enemies arise to assail the integrity of the man. We must, therefore, be alert and don our defensive armor. Of these other sinners, I am only making a passing reference to them; it is the chief of sinners—the public vaccinator—the seed-sower of disease—whom these pages are designed to more especially describe. It is my earnest desire to portray his hideous aspect, to depict the "color of his sandals" in a manner that even the little child—the arch enemy of whom he is—will avoid and flee at his approach! Unfortunately, it is not the supreme desire of the average human creature to know the truth and follow it whithersoever it leads. If it was, the question of reform would be a very simple one for solution and adjustment. Persecution of reformers does not arise from the fact that they are conceived in error, but they are hated and persecuted because the proposed reform strikes at the root of class privileges and self-interest.

BLOOD POISONING.

It is no exaggeration to assume that nine-tenths of the diseases that afflict mankind have their origin in some species of blood poisoning; these poisons being chiefly conveyed to the blood through the skin, but also in part through the mucous surfaces of the mouth, throat, stomach and lungs. In the Registrar General's office, London, there were registered one thousand diseases that afflict the human body, the larger proportion of which are based on the sequelae or after effects, and not upon the real disease or its productive cause. Moreover, if medical men had a predominant and enthusiastic interest in the public health as they now have in disease, the facts pertaining to blood poisoning would receive a very different treatment at their hands.

In the discussion of vaccination as a form of blood poisoning, practitioners have never gone to the core of the subject to find a scientific warrant for the support of their claim. They persistently evade the fundamental aspects of the question, and like a party politician, work upon the fears and prejudices of the populace to enhance a practice which they must know neither cures nor prevents disease. In order to promote these interests, the registration department increases death-causes in general, and others in particular, which are indefinite and so arraigned that vaccine disasters may be screened or covered up at the vaccinators discretion.

The leaders in the vaccination movement must be perfectly aware that vaccination stands condemned, but they have no idea of surrendering it; first and foremost, because of its money value; secondly, because they do not wish to affect or disturb the present disease conditions of the country and the world; and thirdly, they dread the manner in which an awakened conscience and an indignant public would call them to account for a century of blood poisoning. Disease—kept "booming" by vaccination—when discontinued and superseded by sanitation, the death rate will decline so rapidly that the "way faring man though a fool" will be able to see whereof he has been deceived by the rash vaccinating doctor, who thenceforth will be rated at his proper value. Judas went to his own place and that is where he ought to have gone. God is just.

Such poisons as nature fails to readily eliminate from the system are stored up in the blood, awaiting the specially exciting cause that shall call them forth,—such as deteriorated vital power, bad habits, exposure, anxiety, disappointment, worry, etc. Any or all of these may rouse the poison into fatal activity. Syphilitic, leprous, or cancerous poison may be vaccinated into a family and there remain inert to the third or fourth generation; hydrophobia poison may lie dormant for a term of years; cancer and scrofula may sleep for a time, but at last each and all of these will usurp the soil in which they have been planted.

Dr. Pickering mentions the case of a syphilitic patient with a bad knee, who, by constant use of mercurial ointment for fifteen years brought on a most deadly salivation, which ran from his mouth day and night. The tongue became knotted and the odor was so intense as to be offensive to pedestrians passing that way.

We may not be able to calculate the results of that first disease taint which the vaccinator introduces through the skin puncture he inflicts on our little ones. Our eye may not follow it in its various paths, through its sure ramification and development in later life; through the children and children's children in whom that blood taint will deploy and accomplish its work of final ruin. It is indeed a serious thing to poison life at its fountain head, even thoughtlessly thinking to avert a possible future danger; but to thus poison the blood—the life forces—deliberately for gain is a most infamous crime against society.

Infection and contagion are in truth one and the same thing; it is a body possessing weight and form, a germ, an egg or sporule containing within it the property of life, which will grow and multiply when sown in a suitable soil, like that of the human blood. Cow-pox pus, broken down cells desquamating from the skin surface of a small-pox patient, and the dissolving tissue of a decaying corpse, contain these poison germs or sporules; and they are so deadly and persistent in their action, that even the boasted "glycerine" with which vaccine calf-pus is mixed, has no potency to destroy.

The presence of these sporules in the blood is blood-poisoning and nothing less, no matter whether the effects become manifest in eight days, in eight years or even until the second or third generation. Yet in the hands of an intelligent and cautious person this infectious matter is comparatively harmless. It may come in contact with the hands, the face or neck, but if not rubbed in, or if it does not reach an abrazed surface, no injurious results may be known to follow. True, a person with a depressed vital tone, with blood corrupted in whom the mucous surfaces of mouth or throat are cankered or slightly abrazed, then there would be danger; the deadly virus might then find ready access to the circulation and infect the person with a specific disease. Probably the most concentrated and deadly animal poison known is found in the female after death from puerperal fever. But even this the dissecting operator may receive on his hands without harm; but dip the point of a cambric needle into this putrifying tissue and puncture the skin with it would be an inevitably fatal procedure.

The crowded and filthy quarters where infectious diseases are generated fill the air of all the contignant country with infectious matter, but in and near these centers the contagion is far more concentrated and active. These disease germs lodge in our garments, enter our lungs, get into dwellings, but they will remain inert until their spring season arrives or in other words, until the human soil is suitably prepared. A healthy person need not fear them as long as that person is positive, free from fear and worry, and who rigorously guards the portals of the skin. The demon of darkness must have been on an active campaign when the vaccinator obtained permission from the state to assail this sacred inclosure—the skin—and befoul the fountain of life with his septic poisons.

In time of small-pox epidemic infection is more than ordinarily dangerous, because it is then more abundant and concentrated, and also because the populace are then more negative and susceptible. Whether they have been vaccinated or re-vaccinated makes no perceptible difference. Small-pox epidemics are nearly always preceded by depressing influences of a general character, like failure of crops, depression in business, lowering of wages and the effects of a grievous war. Then through the mucous surfaces of mouth, throat, stomach and lungs, the germs of disease may crowd and find their way to the circulation. Even here vaccination increases but never mitigates the severity of the disease or conditions of fatal sickness. When a whole people shall learn to live in conformity with the natural laws—ethical as well as physical—these zymotic scourges will practically disappear together with the infectious matter which now develops in consequence of an inverted system of physic.

EPIDEMICS AND FILTH.

During the Middle Ages the nations of Europe were periodically devastated by four distinct forms of plague—the plague proper, the sweating sickness, the black death, and the small-pox. They were each about equally fatal and each most at home in the midst of squalor and filth. During the last century, in consequence of improved sanitation, three of these scourges have practically disappeared in the West, though they continue their hold upon the Orient, where sanitary laws are quite unknown. In the West we have only small-pox left, which should have departed with the other three, and would have departed had the doctors and the state brought to the altar the same disinterested solicitude (?) to secure general sanitation, which they have displayed to enforce vaccination. It cannot be too often repeated: the present home of small-pox, as in times of yore, is where filth abounds; and its proper antidote is not vaccination, but cleanliness. It pays not the slightest respect for a vaccination certificate, but does take full account of dirt and dissipation. To the drunkard and prostitute it says: "I have a mortgage on that man's, that woman's life; they are mine!" and so it moves among the motley crowd, letting its pestilent shadow fall upon the dirtiest and most wretched, gathering these as its pre-ordained harvest. Of the importance of cleaning up these hells of dirt and stench the vaccinator says not a word, but lobbies the legislative bodies to compel every member of these dirty dens to be vaccinated.

Circumcision so long practiced by the ancient Egyptians and later up to this day universally insisted upon by the Jews in all countries as well as by many Orientals, is considered cleanly and health inspiring. Phimosis is certainly abnormal and unhealthy often leading, by irritation through the sympathetic nervous system, to the secret vice. It has also indirectly caused death. Why not then, inasmuch as the circumcision-practicing Jews are the healthiest and about the longest-lived people on earth—why not, I say, enact a rigid circumcision law? And as this would require a surgical operation, politico-doctors could by persistent lobbying legislators, make it compulsory. And further, it could also be made a fertile source of medical and surgical revenue. This matter has already been favorably agitated in San Francisco, Cal. I should rather favor such a law myself, provided one of the clauses compeled the doctors by way of example, to be the first to submit to the surgical knife. Would not our medical gentlemen pronounce this a menace to personal liberty? Speak out doctors!

Dr. Pickering, in an interview between daily visits among small-pox patients, penned the following paragraph which is inserted in his very important work on "Sanitation or Vaccination," page 47:—

"Epidemics, and, in fact, all zymotic diseases, may be said to be filth-diseases. There is no exception to that rule. Whom do they attack? The unclean. What neighborhoods do they visit? The filthiest. What towns do they select? Those where sanitary conditions are the most neglected. Note the last small-pox epidemic, and take Leeds as an example. Who were the victims? The very lowest classes of society, children that were filthy, neglected, and ill-fed, others living in houses that were overcrowded, destitute of proper ventilation, and in courts and alleys where sanitation is a term unknown; adults, who are tramps, drunkards, prostitutes, men and women without homes, wanderers,—with a very modest sprinkling of the very lowest sections of the working classes; these formed seven-tenths of the patients who passed through the hospital of the Leeds Union, and these are the very self-same people, resident in the same houses, streets, and neighborhoods, who would have fallen the first victims to any other epidemic which had sprung up. If they had not yielded to the small-pox they would have succumbed to scarlet fever, typhoid, or the like. If the unsanitary surroundings are there, and the physically deteriorated in health within reach, then the conditions for producing an epidemic are present, and the result cannot fail to be disastrous. The strong and healthy do not take the small-pox." But if they have been vaccinated poisoning the blood, searing the flesh, and depleting the vital forces, they have opened the door and invited small-pox to enter.

A Mr. John Cryer, an ardent anti-vaccinationist, taught school in Bradford, Eng. One day he noticed a lad of about twelve years—a new pupil in school. He questioned him: "Where did you come from?" "Sheffield, sir." "How long have you resided there?" "Six years, sir." "How many are there in the family?" "Six of us, sir." "Then you were in Sheffield during the small-pox epidemic?" "Yes, sir." "Did any of you have the small-pox?" "Oh, no, sir, we lived in a front street." That last sentence tells the whole story. It is worth more than a dozen reports of Local Guardians; worth more than whole columns of statistics. It hits the nail square on the head, and locates the disease. Why didn't the lad say: "Oh, no, sir, we were all vaccinated?" Because children tell the truth, and this was a spontaneous utterance which in one brief sentence gave the facts, the law and the philosophy. "We lived in a front street." When all streets shall be made like unto this front street, and all the people observe hygienic habits; when all shall be washed and made clean; when vaccination stations shall be superseded with free public baths—in that city small-pox will not be able to secure a night's lodging. For that city small-pox epidemics will have been numbered; and no class know this better than the medical profession. But then, what would become of the vaccinating fraternity if the last epidemic of small-pox should bid a final farewell and be no more known about its accustomed haunts? No, for the present the profession must cling to antidotes, specifics and prophylactics as their main chance, while they give to sanitary science a merely formal and tacit recognition. The profession are well aware that such mitigation of zymotic plagues as the civilized world have been able to realize in the last fifty years, is chiefly due to improved sanitation, while prophylactics and antidotes have played but an infinitesimal part, and that part generally working more injury than good.

I never yet met a fever case where the cause was difficult to find; either personal uncleanliness, a vitiated atmosphere, impure water, a cess-pool nuisance, or defective drainage; these or their kind, have invariably been found the exciting cause. When I am called to the bedside of a small-pox patient, I never once inquire whether the person has been vaccinated. What is the state of that patient's skin? Were there any abrazed surfaces about the body through which the disease could gain access to the blood? Is the house well ventilated? No, the atmosphere is foul. I discover, too, that from the convenience off the hall a sewer gas stench proceeds and fills the whole house. The house is in a crowded quarter. I know the rest. It was not neglect of re-vaccination but neglect of the simplest rules of health which caused the small-pox infection to "take." It was in its native soil and the conditions favored its springing forth. Here is a case which illustrates how the small-pox may be communicated through an abrazed skin:—

"In the small-pox epidemic of 1871-2, a lady's housemaid caught the small-pox. It was a mild attack. She did not leave the house. I called to assist the enquiry as to how she had got it. I said to the lady: 1. Is the maid a cleanly girl in her person and habits? Yes. 2. Is the house in a fairly sanitary condition? It is in a good condition, in every respect. 3. Does she offer any explanation? Only today. She said that about ten days before her attack she called at the small-pox hospital for a sister who had had the disease and was discharged that night, and took her home. 4. That circumstance of itself would not account for the small-pox unless the girl had an abrazed skin or spots in process of healing about her where the blood would be directly inoculated by the germs held in the air of the room. Enquire of her if she can bring to mind any incident of that sort? The girl cannot tax her recollection with any such facts. 5. To be more particular, please enquire again—had she scratches on her hands, face, or neck, where a wound of any kind was in a bleeding state? This time, I think, we have got a clue to the mishap. The girl is subject to chapped hands in frosty weather, and they are worse on the washing day. The evening she went to the hospital was during the severe frost in the second week of December; she had a hard day's washing, and she says she remembers that her hands bled very much from 'deep cracks' on the second joints of her fingers on both hands.

"The small-pox is accounted for, I said, and you will be more satisfied now that a cause has been found which explains the phenomenon.

"The attack was mild—1. Because the girl was possessed of a vigorous habit of body. 2. Because the air in the waiting room was constantly changing by persons passing to and fro, and the contagion was not strong enough to infect the system thoroughly. Had she remained there half-an-hour instead of five minutes, her case would have been more severe.

This coincidence shows how careful people should be not to have open wounds in exposed places. Even the scratch of a pin is dangerous in the presence of an infected atmosphere. A piece of Diachylon plaster should be near at hand in every household, or the wound should be covered with a little clean cotton fastened by a bit of thread. It also shows the danger of vaccination. Many of the children of the poor go direct home to an infected atmosphere, the blood is inoculated, and from the supervening fever, or its sequelae, they perish—thousands per annum! * * * The vaccinator never dreams of the danger of blood-inoculation."—Pickering, page 72.

And here is the royal household of small-pox:—

"I called upon the chief constable of Leeds one evening and preferred the following request, viz: 'I want a detective told off to go with me to the common lodging houses. I wish to see how people live, in the small hours of the morning.' 'It shall be as you require. If you call here at 1 a. m., the detective will be in waiting.' I went home and tried to obtain a few hours sleep, but the prospect of my novel undertaking was too engrossing. I slept not. At midnight I wrapped myself in the folds of a Scotch plaid and started for the police office. Arriving there a few minutes before the appointed time, I found my detective ready for business. Of course we took an easterly direction. Detective observed, 'We shall have to be discreet as to the representations we make to hide the real object we have in view; so I shall be on the lookout for a criminal, and you will have to support me in that bit of deceptiveness. It does not do to call these people up at 2 a. m. and search the house from top to bottom without an adequate motive.' 'I understand,' I said, 'and I am pleased to hear that our search is to be from top to bottom.' 'Well,' he answered, 'I suspect you do not want to do it by halves.'

It was in the month of December, a bitterly cold night, the moon shone brightly, and the stars twinkled in their merriest fashion as we knocked loudly at the door of a C. L. H., No. 7, in a narrow street leading out of Kirkgate. In turn we woke up the principals of four of these museums of uncleanliness.

"To describe one is to describe them all. The houses were composed of three floors—ground, first, and second—the cellars were only used for coals and lumber. All the rooms were spacious for that class of house, perhaps 15 by 13 feet. Half a century ago the houses were respectably tenanted, no doubt, but they had come down in the world's esteem. The kitchen, which served as a living room for twenty-eight or thirty people from 5 p. m. one day to 10 a m. on the next day, was in a filthy condition—essentially filthy. Pots and pans of all patterns and sizes were thrown on chairs, tables and shelves, unwashed, bearing upon their exterior no evidence of having been cleansed since the day they were made; whilst the stocks in trade of a dozen venders of gimcrack varieties were piled up in a corner. Not a crumb was to be seen. Bones of all sizes and odors, well picked, lay scattered about. There was no waste in that domicile. The window was stuffed with bits of rag to exclude the fresh air and to keep in the warmth. This was a noticeable feature in all the rooms of the house, and very successful it was. But how shall I describe those bedrooms, two on each floor, each one affording sleeping accommodation for seven or eight adults of both sexes, married and single, with sundry 'infants in arms' in addition? The latter don't count as lodgers, they are 'given in.'

"These children, the very dregs of mankind, head the list in the statistics of the 'Unvaccinated' who perish annually in the periodic outbreaks of small-pox, bronchitis, measles, diarrhoea, syphilis, and their kinsfolk. Unfit for vaccination—nay, unfit for life—they are the 'unhealthy unvaccinated' who picnic in the vital statistics of Dr. Barry and Dr. Buchanan as the 'unvaccinated.' and whose deaths, thus basely certified go to prop the cranky columns on which Jennerism is sustained, and to throw doubt on the veracity of the leaders in the anti-vaccination enterprise who adhere to that representation.

"But to return to my story. On opening the door of the bedroom I met with an atmosphere laden with the exhalations from herrings, onions, and compounds not mentioned in cookery books in various stages of digestion and indigestion. In sober sadness, if I had remained in that room inhaling the mephitic fumes at an elevation of five feet from the floor, there would have been an end of me and my fads in fifteen minutes. I feel quite certain on that point. I could only account for life maintaining itself eight inches from the floor on the principle that some little fresh air crept into the apartment under the door. The inmates lay feet to feet, covered with the clothes they wore in the daytime, with some small article of underclothing squeezed up into a bundle for a pillow; they were fast asleep, not one showed any symptoms of life beyond the hard breathing of those who were semi-asphyxiated as they slept; but I was destined to learn there was philosophy in the exclusion of fresh air from each of these dormitories.

"I enquired of our guide, the female owner of this fever den, why all the bedrooms were so studiously air-proofed. 'Oh, yer don't know then. It's just 'ere. If they'ev fresh air, when they waken up they're hungry; but if they ev'nt,—they're not hungry. D'ye see?' 'Yes,' I said, with a sigh, 'I see.' This was my first initiation into the patent method of cheating the stomach, and it was a saddening lesson I learnt.

"During the small-pox epidemic of 1871-2 I saw these same houses and visited them. Each one supplied its quota of victims to swell the death-rate from the prevailing zymotic, and to demonstrate the fact that the small-pox is a filth disease, connected strangely with the sin of overcrowding.

"And yet there are Simons, Playfairs, Barrys, and Buchanans in any number, diffused in space, saying, 'Small-pox is not a disease due to unsanitary conditions,' thus lying in the face of facts, in the face of Nature, and of God.

"Oh you philosophizing machines, did you ever go, between 2 and 5 a. m., exploiting amongst the fever-stricken outcasts of society and the dens in which they live, to watch how fevers do germinate and grow up in first specimens? No, I should not surprise you at that game. Of what value, then, is your long-eared theory as to small-pox not being a filth disease. 'Small-pox is a special disease, needing a special remedy, Vaccination,' So you say. I know better. Small-pox is a filth disease, it never was anything else. Do you think you can go on deceiving this nation, her Queen, her Parliament, her people, and her poor for ever? Your theories, like Pindar's razors, are made to sell. Vaccination is worth so much, so many hundreds of thousands per annum, to the medical faculty and the observance must be continued, let the consequences be ever so disastrous. The vaccinator has said to Evil, 'Be thou my good.' "—Dr. Pickering, page 74.

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"To show that small-pox is a filth disease I call Sheffield into the witness-box. I cling to Sheffield, as Mr. Gladstone clings to Mitchelstown. There's nothing like a big broad fact to hurl at an enemy when you know he is misstating events or statistics to cover his own failures. So I refer to Sheffield, a town where, in 1887-8, there was a fatal epidemic of small-pox; a town reeking in its own filth, vaccinated up to 95 per cent. of the births; a town with, perhaps, ten anti-vaccinators in it, just enough to save it from the fate which befell the Cities of the Plain in the days of Abraham; and a town where all who perished were either vaccinated or unfit for vaccination—the last-named were as good as dead to begin with—not one healthy 'unvaccinated' person perished in that epidemic! Not one! What, then, becomes of the official report of the Sheffield epidemic and of the statistics inside? Nothing, the thing—the book,—I mean, like Pindar's razors, was made to sell! 'Tis a report crimson'd in falsehood.

"I call Leicester and Keighley into the witness-box. I could call several other very populous towns if I stood in need of their evidence. Neither of these two towns, in 1887-8, had any filth, any vaccination, and the small-pox, like the Levite, passed by on the other side.

"A thriving trade in filth and vaccine—means plenty of small-pox.

"No trade in filth and vaccine—means no small-pox.

"You Local, but illogical, Government Board, what say you to this indictment?

" 'Ephraim is joined to idols; let him alone.' "—Pickering, pages 73-74.

If one will read a description of the city of London during the early part of the eighteenth century, he need not look any further for the causes which insured a periodical return of the plague and black death. In the Appendix to Prof. Wallace's chapter on Vaccination, he gives quite a lengthy account of London's unsanitary condition two hundred years ago, a portion of which I will quote and the other portions condense:—

"In the early part of the sixteenth century London was in a condition of over-crowding and general filth which we can now hardly realize. The houses were low and overhung the streets and almost all had cess-pools close behind or underneath them. The streets were narrow, the main thoroughfares being paved with cobble stones, which collected filth and allowed it to soak into the ground beneath until the soil and the subsoil became saturated. Slops and refuse of all kinds were thrown into the streets at night, and only the larger streets were ever cleaned. The by-streets and the roads outside London were so bad that vehicles could only go two or three miles an hour; while even between London and Kensington, coaches sometimes stuck in the mud or had to turn back and give up the journey. The writers of the time describe the streets as dangerous and often impassible, while only in the main thoroughfare were there any footways, which were separated from the narrow roadway by rows of posts. Gay, in his Trivia, speaks of the slops thrown from the overhanging windows, and the frequent dangers of the night, adding—

'Though expedition bids, yet never stray
Where no ranged posts defend the rugged way.'

And throughout his poem, dirt, mire, mud, slime, are continually referred to as being the chief characteristics of the streets. They mostly had a gutter on each side, and with few exceptions rain alone prevented their being blocked with refuse. The effects of a heavy shower in the city are forcibly described by Swift in his usual plain language,—

'Now from all parts the swelling kennels flow,
And bear their trophies with them as they go;
Filths of all hues and odours seem to tell
What street they sailed from by their sight and smell.

* * * * * *

Sweeping from butchers' stalls, dung, guts, and blood,
Drown'd puppies, stinking sprats, all drench'd in mud,
Dead cats, and turnip tops, come tumbling down the flood!'

Macaulay tells us that down to 1726, St. James' Square, though surrounded by houses of the nobility, was a common receptacle for refuse of all kinds, and that it required an act of Parliament to stop its being so used. Hogs were kept in St. George's, Hanover Square, and in 1760 many were seized as a common nuisance.

"The numerous small streams which flowed through London from the northern heights—Langbourne, Wallbrook, Fleet, Tybourne, and Westbourne—which were in earlier times a source of health and water-supply, gradually became noisome open sewers, and one after another were arched over. There were many wells in London, indicated by such names as Holywell, Clerkenwell, and Aldgate Pump, and there were also conduits in Cheapside and Cornhill; but it is certain that, from the filthy streets and house-cesspools, all the water derived from them must have been contaminated, and thus helped to produce the terrible mortality from plague and fevers of the seventeenth century. It has been often suggested that the Great Fire of London in 1666 was the cause of the final disappearance of the plague, but how, except that the new house were for once clean and wholesome, has not, I think, been satisfactorily explained. I believe, however, that it can be found in the action of the fire upon the soil, which for more than a thousand years had been continually saturated with filth, and must, as we now know, have afforded a nidus for every kind of disease-germs. The long continued fire not only destroyed the closely-packed houses, but in doing so must have actually burnt the whole soil to a considerable depth, and thus have destroyed not only the living germs, but all the organic matter in it. The new city for the first time for many centuries, had beneath it a dry and wholesome soil, which to this day has not had time to get fully polluted as before the fire.

When we remember the filthy condition of the streets, and that owing to the cess-pools either under or close behind the houses, the scarcity of water, and the absence of ventilation, the shops and living rooms were always full of foul air, bad smells, and poisonous gases, how can we wonder at the prevalence of zymotic diseases and the dreadful amount of infant and general mortality? And in many houses there was an additional peril in the vicinity of church yards. In Nicholl's "Illustrations of Literary History" (vol. iv. p. 499), Mr. Samuel Gale is quoted as writing (in 1736,) as follows:—

"In the churchyard of St. Paul, Covent Garden, the burials are so frequent that the place is not capacious enough to contain decently the crowds of dead, some of whom are not laid above a foot under the loose earth. The cemetery is surrounded every way with close buildings; and an acquaintance of mine, whose apartments look into the churchyard, hath averred to me, that the family have often rose in the night time and been forced to burn frankincense and other perfumes to dissipate and break the contagious vapor. This is an instance of the danger of infection proceeding from the corrupt effluvia of dead bodies.'

"Many illnesses then originated in churches, and even those whose houses were exceptionally wholesome were often exposed to a dangerous atmosphere when they went to church on Sundays.

"The general food of the poor and the middle classes added greatly to their unhealthiness, and itself caused disease. Owing to the absence of good roads, it was impossible to supply the large population of London with fresh food throughout the year, and, consequently, salt meat and salt fish formed the staple diet during the winter. For the same reason fresh vegetables were unattainable; so that meat, cheese, and bread, with beer as the common drink at all meals, was the regular food, with chiefly salted meat and fish in winter. As a result, scurvy was very common. Dr. Cheyne, in 1724, says, 'There is no chronical distemper more universal, more obstinate, and more fatal in Britain, than the scurvy.' And it continued to be common down to 1783, when Dr. Buchanan says, 'The disease most common in this country is the scurvy.' But very soon afterwards it decreased, owing to the growing use of potatoes and tea, and an increased supply of fresh vegetables, fruit, milk, etc., which the improved roads allowed to be brought in quantities from the surrounding country.

"Now it is quite certain, that the excessively unhealthy conditions of life, as here briefly described, continued with very partial amelioration throughout the middle portion of the century; and we have to consider what were the causes which then came into operation, leading to the great improvement in health that undoubtedly occurred in the latter portions of it and in the early part of our century.

"Beginning with improvements in the streets and houses, we have, in 1762, an act passed for the removal of the overhanging signboards, projecting waterspouts, and other such obstructions. In 1766 the first granite pavements were laid down, which were found so beneficial and in the end economical, that during the next half-century almost all London was thus paved. In 1768 the first Commissioners of Paving, Lighting and Watching were appointed, and by 1780 Dr. Black states that many streets had been widened, sewers made, that there was a better water supply and less crowding. From this date onward, we are told in the 'Encyclopoedia Britannica' (art. 'London'), a rapid rate of progress commenced, and that since 1785 almost the whole of the houses within the city had been rebuilt, with wider streets and much more light and air. In 1795 the western side of Temple Bar and Snowhill were widened and improved, and soon afterwards Butcher's Row, at the back of St. Clement's church, was removed. Of course, these are only indications of changes that were going on over the whole city; and, coincident with these improvements, there was a rapid extension of the inhabited area, which, from a sanitary point of view, was of far greater importance. That agglomeration of streets interspersed with spacious squares and gardens, which extends to the north of Oxford street, was almost wholly built in the period we are discussing. Bloomsbury and Russell Squares and the adjacent streets, occupy the site of Bedford House and grounds, which were sold for building on in 1800. All round London similar extensions were carried out. People went to live in these new suburbs, giving up their city houses to business or offices only. Regent's Park was formed, and Regent street and Portland Place were built before 1820, and the whole intervening area was soon covered with streets and houses, which for some considerable period enjoyed the pure air of the country. At this time the water supply became greatly improved, and the use of iron mains in place of the old wooden ones, and of lead pipes by which water was carried into all the new houses, was of inestimable value from a sanitary point of view.

"Then, just at the same time, began the great improvement in the roads, consequent on the establishment of mail-coaches in 1784. This at once extended the limits of residence for business men, while it facilitated the supply of fresh food to the city."—A. R. Wallace's "Nineteenth Century."

In 1801, London, within the Bills of Mortality, was increased in area by almost fifty per cent. with comparatively very little increase of population, owing to the suburban parishes of St. Luke's, Chelsea, Kensington, Marylebone, Paddington, and St. Pancras being then included; and even in 1821 this whole area had only a million inhabitants, and therefore enjoyed semi-rural conditions of life. This was a powerful sanitary cause which led to the great diminution of mortality, both general and from the zymotic diseases. Then the change of diet from bread, beer, and salted meat, to potatoes, and fresh meat, substituting tea for beer, occasioned a marked change in the death rate. Potatoes were first used in hospital diet in 1767.

Now, the various classes of improvements here briefly indicated—wider and cleaner streets, construction of sewers, better water supply, more wholesome food and especially the spreading out of the population over a much wider area; all occuring simultaneously, are in their combination amply sufficient to account for the remarkable decrease of mortality which occured within the half century from 1775 to 1825. Small-pox is only included with all zymotic diseases in the decrease, yet the Royal Commissioners lay particular stress on the connection of small-pox with vaccination as the cause for the decrease of that particular disease. Prof. Wallace concludes:—

"I have now supplied the last piece of confirmatory evidence which the commissioners declared was not forthcoming; not because I think it at all necessary for the complete condemnation of vaccination, but because it affords another illustration of the curious inability of the commission to recognize any causes as influencing the diminution of small-pox except that vaccine-virus operation. In this, as in all the other cases I have discussed, their report is founded on the opinions and beliefs of the medical and official upholders of vaccination; while the great masses of national experience, embodied in statistics of mortality from various groups of diseases, as well as the well-known facts of the sanitary history of London during the critical half century, 1775-1825, are either neglected, misunderstood or altogether overlooked."

With the vaccinating doctor these pest breeding centers of filth are trivial and unimportant matters in comparison with vaccination. Never mind the dirt and stench, but if you neglect to vaccinate it is at your own peril! It is better that the populace wallow up to their necks in the cess-pools than to neglect to vaccinate and re-vaccinate. Indeed, vaccination is the main prop and dependence of the old outworn school of physic. It is a conservator of old superstitions, of the bank account and an available friend in the period of senility. Not a good thing to mitigate too much. Financial conditions should be kept in a state of equilibrium. When a money center becomes disturbed everything is disturbed. "Hang it," said Thoreau, "if it were not for these pestilent agitators how smooth this business would run."

Small-pox appears and disappears under precisely the same conditions that attend scarlet fever, typhoid, and diarrhoea. It is met with in the streets, in the same haunts and amongst the same people. Vaccination has no more effect to mitigate one than it has upon any other member of the group of zymotics. We shall never stamp out small-pox, cancer, consumption, or leprosy, so long as we continue to stamp them in through the idiotic rite of a vicious cow-pox vaccination. The Germans endeavored to stamp out syphilis by stamping it in with syphilized vaccine pus. They have abandoned that now, and later they will abandon vaccination altogether. It should be a question for every householder to know that his only protection is in personal and domestic cleanliness. Sanitation is the only accessible agency which God has placed within our reach; and this agency is full and adequate if we will apply it with religious fidelity. Let us turn from the idol which the "King" commanded us to worship:—

"And a tempest arose, thunders and waves and lightenings, and the moan of winds; and the dome of the Temple was rent; and the whirl and the rains rushed in. And behold! a flash, and it rolled down like a God; and grappling the Image it smote it from head to foot, and dashed it in fragments; its crown of jewels was broken; its scepter was a ruin; its law as lies a blackened corpse; it was stricken into small pieces, and the rain roared and buffeted its remnants."—Enock.

CHAPTER VII.

SYPHILIS AND LEPROSY TRACEABLE TO VACCINATION.

"Vaccination differs, however, from all previous errors of the faculty, in being maintained as the law of the land on the warrant of medical authority. That is the reason why the blow to professional credit can hardly help being severe, and why the efforts to ward it off have been, and will continue to be so ingenious."—Dr. Creighton.

"I want no proof that if I imbibe the causes of disease, I can only disguise the result,—I can never escape it,—by artificially infusing fresh disease. That I can thus escape or lessen it, is the monstrous doctrine to which our wise vaccinators commit themselves."—F. W. Newman, Emeritus Professor, Weston-super-Mare, April, 1876.

The specific vegetable and animal poisons that war against the physiological processes in man have a very wide range in their action, both as regards their relative intensity, and the period after being planted when they commence their work of destruction. Some poisons, conveyed to the blood through the skin, are instantaneously fatal; others will apparently lie dormant for a term of years and then become roused to action, fasten upon some organ—like tubercle in the lungs—disintegrate its tissue and destroy the life. Still others—like leprosy—slowly but surely breaks down the tissue of every organ from nerve to bone, until the entire body falls a mutilated and indescribably repulsive ruin. The vaccine virus proper acts with comparative promptness in producing its specific disease; but is at the same time the most insiduous and dangerous among the poison-fiends on account of the masked, many-sided and multiform properties that lie concealed within its substance. It has traveled a sinuous journey and nested with every conceivable species of infernality, picking up on its way micro-organisms and chemical subtleties which neither bacteriologist or organic chemist are able to detect; but which nevertheless are potent and implacable enemies when sown or cast into the circulating life-stream of a human being. Almost daily we read of vaccinal disasters, of cases that have "gone wrong" though only the "immaculate" and "sterilized" calf-lymph was used in the operation!

All vegetable and animal poisons inoculated through the skin is blood-poisoning. Some of these may be physiologically combated and gotten rid of without serious harm. Other poisons, which the blood cannot expel—like scrofula, cancer and tubercle and vaccine—are sequestered for a season and reduced to a minimum of mischief, a truce having been arranged between the organism and the poison, each waiting for an opportunity to worst the other. Necroscopic poisoning proves fatal in a few days. Syphilis, it were far better to prove fatal and be done with it. The savages of Lamas and Ticunas, South America, extract a subtle vegetable poison by fire from divers plants, and with this they treat their arrow-points, which when they pierce an animal's skin, cause instantaneous death. Yet their flesh is not thereby rejected for food. Mous de la Condamine, of the Royal Academy of Science, Paris, experimented with this poison on dogs, bears, cats, rabbits, birds, etc., and in nearly every case death was instantaneous; but the same amount of the poison introduced into the stomach was inert; inert also when applied to the surface of the skin. It is beneath the skin—where it can reach the circulation—that its fatal effects are manifested. The bite of a musquito, or red ant, or the sting of a bee, or the bite of a rattlesnake, or puncture from a lance tipped with cow-pus, each and all are forms of blood-poisoning. When deliberately inflicted, blood-poisoning is a murderous operation. Vaccination is blood-poisoning with expectations of the fee. How many removes is it from a capital crime against society? The poisons concealed in calf-pus permanently affect the blood; but the effect is often not perceptible until a time arrives when the physical powers are deteriorated by bad habits, exposure, disappointment, or depressing influence of some kind, and then it is that the special poison begins to manifest its fatal effects. Syphilis, cancer, scrofula, or tubercle, borne into the blood with the vaccinal virus, may lie dormant for a series of years, but its opportunity punctually arrives when it will claim and conquer its victim.

VACCINO-SYPHILIS.

In 1862, M. Ricord, one of the most eminent authorities on syphilitic affections, during a lecture in Hotel Dieu, Paris, said: "If ever the transmission of disease with vaccine-lymph is clearly demonstrated, vaccination must be altogether discontinued; for in the present state of science, we are in possession of no criterion which may permit the conscientious practitioner to assert that the lymph with which he inoculates, is perfectly free from admixture."

The following year (May 19, 1863,) standing in the same place, this same eminent authority declared:—

"At first I repelled the idea that syphilis could be transmitted by vaccination. The recurrence of facts appearing more and more confirmatory, I accepted the possibility of this mode of transmission, I should say, with reserve, and even with repugnance; but today I hesitate no more to proclaim their reality. * * * Who, pray, will run such risks to escape the smallpox?"

In 1868, Dr. Ballard, one of the vaccine inspectors for the English government, observed:—

"There can be no reasonable doubt that the vaccine virus and the syphilitic virus may both be drawn at the same time, upon the same instrument, from one and the same vesicle. The vesicle which is thus capable of furnishing both vaccine and syphilitic virus may present, prior to being opened, all the normal and fully developed characters of a true Jennerian vesicle as ordinarily met with."

ESSAY ON VACCINATION.

During the same year (1868) Dr. Cornell, president Homeopathic Society of Pennsylvania, said in his annual address: "To no medium of transmission is the wide spread dissemination of this class of disease so largely indebted as vaccination." Dr. Heim, public vaccinator, Wurtemburg, declared: "I have myself planted syphilis from a child which seemed at the time perfectly healthy."—"Horrors of Vaccination," page 26.

A patient was brought to the class room of the Clinical Society and exhibited to Dr. Hutchinson, when he said:—"We have now emerged from the reign of doubt to one of belief in the possibility of such an untoward occurrence. * * * The facts now before the public will tend to rouse them, if they have not been roused already, from the false security into which they have been lulled."—"Med. Times and Gazette," Feb., 1872.

Here is a record which the heads of every family in the land should carefully read and ponder. The teaching of the medical faculty that blood inoculation, either as a preventive or modifying agent of any disease is a fallacy of the worst type. It is false in principle and pernicious to the last degree in practice. Inoculation for measles, scrofula, and syphilis have all been tried, and abandoned on the fullest proof that the antidote is far worse than the original disease, and that it neither prevented nor modified a second attack. The vaccination folly not only fails to mitigate small-pox, but it is a fearful agent of disease by communicating along with the vaccine virus, diseases far more to be dreaded than the small-pox—diseases which threaten to depopulate tropical archipeligos, and even the continents, if compulsory vaccination were to be enforced for another century. Prof. Germann said in an address to the Diet of the German Empire:

"Above all, the dire fatality, which lately occurred at Lebus, a suburb of Frankfort-on-the-Oder, would alone warrant the abolition of the vaccination laws. Eighteen school girls, averaging twelve years of age, were re-vaccinated, and thereby syphilised, and some of them died. * * * Yet the lymph, the syphilitic lymph, used in this case, was obtained from the Official Royal Establishment, and was the new regenerated or 'animalized' vaccine lymph so warmly recommended for the re-vaccination of schools."

In 1877, Brundenell Carter, surgeon to St. George's Hospital, London, observed: "I think that a large proportion of the cases of apparently inherited syphilis are in reality vaccinal; and that the syphilis in these cases does not show itself until the age of from eight to ten years, by which time the relation between cause and effect are apt to be lost sight of."—Med. Exam., May 24, 1877.

In "Journal d' Hygiene," Aug. 25, 1881, Dr. Desjardins gives a detailed account of the syphilization of the 58 French recruits in Algeria. The most cautious silence was maintained by the military authorities. These soldiers were solaced in a small measure by being granted pensions.

Dr. G. W. Winterburn, physician-in-chief to Manhattan Hospital, gives the details of a very distressing case that came under his observation. In December, 1879, there came to the out-patient department of the hospital, a mother with her little girl, twenty-one months old. The husband had died of pneumonia, leaving mother and three children, which the mother supported by odd jobs at laundry work. Poor but neat, they excited Dr. Winterburn's attention and sympathy. According to the mother's report, the three children seven weeks previously, had been forcibly vaccinated in a house to house visitation. The arms of all her children had remained sore ever since.

For about a week before calling at the hospital she had noticed ulcers on the body of one, and applied salve from the drug-store; but the child grew worse. The day before she noticed places breaking out on the second child—the little girl twenty-one months old—and had brought it to find out what was the matter. Dr. Winterburn says:—

"On examining the child, I found the place of insertion of the vaccine virus, a shallow, cleancut ulcer, filled with a dirty exudation. The cellular tissue round about it was infiltrated and very hard, extending over nearly one-half of the upper arm. The axilla was tender, and the glands swollen. There were six ulcers on the body; four of them very small, just forming that day, and two somewhat larger, having appeared thirty-six hours previously. These ulcers began, like a blister, the size of a split pea, with a swollen indurated base of a copperish hue, and in all respects resembling syphilitic rupia. The ulcers were so characteristic, that I ordered the whole family to appear before me on the morrow. When, on the following day, I saw the infant stripped of its clothes, revealing no less than thirty dreadful ulcers, some of them as large as a silver dime; it made me heart-sick. Some of these had already begun to scab, showing the peculiar watch-crystal formation, so characteristic of this eruption. On the oldest child I found four small blisters on the back, and she also, in a day or two, had a full share of syphilitic sores. Here were three children, which a very careful investigation in the neighborhood, where they lived, showed that they had been, up to the time of their vaccination, in very good health, suddenly stricken with the most incontestible evidences of this dreadful disorder."—"The Value of Vaccination," Winterburn, page 130.

In his appendix to the 37th annual report of the Registrar General of Great Britain, Dr. Farr, page 121, writes: "Syphilis was twice as fatal in the five years, 1870-1874, as it was twenty years ago. Its most fatal recorded forms occur in children under one year of age." The following table gives the relation between vaccination, small-pox and syphilis, from 1850 to 1881. It is from the 11th annual report of Local Government Board, page 346:

Years	Successful Vaccinations at the expense of the Poor Rates.	Deaths from Smallpox.	Deaths from Syphilis.
1851		6,997	598
1852	397,128	7,320	623
1853	366,593	3,151	622
1854	677,886	2,808	964
1855	448,519	2,525	947
1856	422,281	2,277	879
1857	411,268	3,936	957
1858	455,004	6,414	1,006
1859	445,020	3,798	1,089
1860	485,927	2,713	1,067
1861	425,739	1,290	1,177
1862	437,693	1,579	1,245
1863	646.464	5,891	1,386
1864	529,479	7,624	1,550
1865	578,583	6,361	1,647
1866	454,885	2,977	1,662
1867	490,598	2,467	1,698
1868	513,042	1,994	1,886
1869	524,143	1,482	1,859
1870	472,881	2,547	1,858
1871	693,104	23,062	1,742
1872	699,320	19,022	1,831
1873	501,189	2,303	1,843
1874	493.285	2,084	1,997
1875	498.952	849	2,142
1876	566.587	2,408	2,141
1877	529.376	4,278	2,085
1878	513,575	1,856	2,191
1879	519,715	536	2,036
1880	513,283	648	2,162
1881	533,005	3,098	2,069

Thus the average increase of syphilitic fatality has been 50 per year during a period of thirty years, while deaths from small-pox waxes and wanes without any seeming connection with vaccination as affecting its producing cause.

Dr. J. G. Beaney, of Melbourne, says—"Constitutional Syphilis," page 373:—

"And I at once announce at the outset my firm belief that syphilis is in very many instances communicated by means of 'child's vaccine lymph.' This opinion I have deliberately formed and as firmly defend. The evidences of such being the case have, in my practice, been numerous and well-pronounced; so distinct, indeed, that no doubt whatever could exist as to the nature of the eruptions, and the certainty of transmission."

Dr. Scott Tebb, of London, publishes a table giving 700 cases of vaccinal syphilis in countries outside of England. The cases which first attracted serious attention in England, were those of Dr. James Whitehead, of the Clinical Hospital, Manchester, 1857. Out of 1,717 children brought to the hospital, 1,435 had been vaccinated, a large number of whom the mothers blamed vaccination for the persistent and troublesome eruptions which subsequently appeared. Among these Dr. Whitehead found thirty-four children suffering from vaccinal syphilis. I subjoin cases 2, 11 and 56 from Dr. Whitehead's Third Clinical Report:—

"Case 2. An infant, aged nine months, of a bad habit of body. Copper-colored blotches appeared after vaccination. When seen, there was a mixed eruption on the face and scalp and extreme irritability of the whole surface; the vaccinated spots remained unhealed at the end of five months, presenting a well-formed rupia with excavation. The father and mother are described as apparently healthy.

"Case 11. An infant, aged eleven weeks, of medium habit of body. When seen, there were two deep ulcers with hardened bases where the vaccine vesicles were formed three weeks previously; copper-colored roseola on the nates and chin, sallow complexion, mucous tubercles round the anus, eruptions and intertrigo behind the ears, coryza, atrophy, and dysentery. The history of the case is that roseola appeared from twelve to fourteen days after the vaccination, at the age of two months; the mucous tubercles nine weeks after, while under treatment, and atrophy four months after. Father said to be healthy; mother feeble, but apparently free from taint.

"Case 56. An infant, aged seven and a half months, of good habit of body. After the subsidence of the vaccination, the vesicles degenerated into ulcers, surrounded by erythema. When seen, there were erythematous blotches of a copper color on the chest and neck, eczema auris, arthritis of the left elbow joint, and syphilitic pallor. Father said to be healthy; mother apparently healthy."

In Dr. Hutchinson's communication to the Royal Medical and Chirurgical Society, April 25, 1871, among the numerous cases he cites, I select the following:—

"A mother and her two children, one an infant and the other a child of two, were found to be suffering from secondary syphilis. The children were vaccinated in September, 1875, and their vaccination sores had re-opened and for a long time remained unhealed. The mother had contracted a sore on her nipple from the younger child, and her symptoms were two months behind those of the children. The husband subsequently contracted syphilis from his wife."

Scott Tebb writes—"A Century of Vaccination," page 310:

"The disease that cow-pox most resembles is not small-pox, but syphilis. This view of the analogy of cow-pox with syphilis was held by Auzias-Turenne, and in this country it has been advocated by Dr. Creighton. Auzias-Turenne says: 'Between syphilis and cow-pox the analogy may be a long way followed up. The inoculation of cow-pox—a malady with a fixed virus sufficiently well-named pox of the cow (verole de vache)—may, for example, give rise to polymorphic vaccinides, and sometimes to disseminated pathognomonic vesico-pustules, just as the contagion of the mucous patch, symptom of a malady with an equally fixed virus, gives rise to various secondary eruptions, and sometimes to the appearance of disseminated mucous patches. But, happily for the vaccinated, cow-pox passes through a rapid evolution, and does not leave virulent remains for so long a time or so frequently as syphilis.

"The difficulty of distinguishing some cases of cow-pox from syphilis has been recognized by the best authorities. Mr. George Berry, ophthalmic surgeon to the Royal Infirmary, Edinburgh, in a communication on cow-pox of the eye-lids, says that the main interest in these cases consists in the possibility of the inoculation taking place at all, and in the differential diagnosis between vaccinia and a primary syphilitic sore."

"Emily Maud, a child, was vaccinated on March 26, 1889, and died at the Leeds Infirmary on July 1 of the same year. At the inquest on July 10, four members of the Infirmary staff, Messrs. McGill, Ward, Littlewood, and Dr. Barrs, gave evidence that the child died from vaccino-syphilis, and the verdict of the jury was that she 'died from syphilis acquired at or from vaccination.' "—Ibid.

"If it be a fact, as maintained by Dr. Creighton, that the phenomena of vaccino-syphilis so-called, are due to the inherent, though mostly dormant natural history characters of cow-pox itself, we should expect the same appearances to take place occasionally in cases of calf lymph; and in this connection the experience recorded by Dr. Hutchinson in the 'Archives' for January, 1891, (pp. 213-215), is of interest. He particularises a case of vaccination with calf-lymph presenting certain symptoms simulating syphilis.

"The child was born of healthy parents in July, 1890; was perfectly healthy at birth; was vaccinated at three months of age with Jenner's calf-lymph, at the same time as several others who did well; on the eighth day, only one place seemed to have taken, but later on all three looked satisfactory; at the end of three weeks, the arm was inflamed, and there were large black scabs with pus at their edges; a week later a large slough comprised all the vaccination sores and passed deeply almost to the bone, and there was also a pustule on the nose, and three nodes on the skull.

"Dr. Hutchinson compares this case with another he had described in an earlier number of the 'Archives' (October, 1889, page 110.) These two cases resembled one another, in that in both the infant was perfectly healthy up to the time of vaccination; the lymph used was not taken from the human subject, the skin around the vaccination sores passed into gangrene, with at the time a large granular swelling in the arm-pit. There were also periosteal swellings of considerable size in the skull bones, suspicious sores on the skin; and both patients appeared to be much benefitted by mercurial treatment."—Ibid., page 317.

"Before concluding the evidence under the heading of 'Syphilis,' I wish to allude to the disastrous consequences of vaccination in the American Civil War (1861-65), in which some hundreds of men were affected with a disease presenting all the characteristics of syphilis. The facts are related by Dr. Joseph Jones, and the conditions described were truly frightful.

"The symptoms included phagedenic ulcers, with indurated and everted edges, secondary skin affections, ulcerated throats, loss of hair, and other phenomena distinctive of syphilis. In some cases the gangrenous ulcers caused extensive destruction of tissue, exposing arteries, nerves, and bones, in many cases necessitating amputations.

"Dr. J. T. Gilmore, in a letter to Professor F. Eve, referring to three hundred cases in the Georgia brigades, remarked: 'The cases presented the appearances that are familiar to those of us who were connected with the Confederate army—large rupia-looking sores, sometimes only one; generally several on the arm in which the virus was inserted. In a number of cases these sores extended, or rather appeared on the forearm, and in two cases that I saw, they appeared on the lower extremeties. The men suffered severely from nocturnal rheumatism. Several cases had, to all appearances, syphilitic roseola. I saw enough of the trouble to convince me thoroughly that the virus owed its impurity to a syphilitic contamination.

"Dr. James Bolton testified that 'on careful inspection the ulcers presented the various appearances of genuine chancre. In some instances there was the elevated, cartilaginous, well-cut edge surrounding the indolent, greenish ulcer; in others there was a burrowing ulcer, with ragged edge; in others there was the terrible destructive sloughing process devastating the integuments of the arm. Many of the cases were so situated that their history could be preserved, and in these secondary symptoms appeared, followed in due time by tertiary symptoms. The chancre was followed successively by axillary bubo, sore throat, and various forms of eruption (syphilis dermata), while the system fell into a state of cachexia.'

"Dr. E. A. Flewellen testified that 'while the army of General Bragg was at Tullahoma, I was medical director, and I know that very great complaint was made to me as to the character of the vaccination practiced in the army. A large number of men were represented as unfit for duty. I think that one division represented nearly a thousand men as unfit for duty on account of spurious vaccination. I saw a number of cases in the early progress of the vaccination, but they presented nothing abnormal that I could detect. But, as it advanced, the cases seemed to have the appearance very nearly of syphilitic rupia. It diffused itself more or less over the whole surface. A large number of surgeons regarded it as a complication of vaccinia and syphilis."—Dr. Scott Tebb, pp. 320-321.

In April, 1866, Dr. Percival was called to Graniteville, a manufacturing town in South Carolina, to examine and treat 150 cases of syphilis from vaccination. The cases comprised men, women, and children of all ages, from fifty down to one year of age. They all broke out about the same time, and in all the disease was well advanced. The individual first vaccinated was with virus obtained from a man whom it was later learned was suffering from primary syphilis, and one was vaccinated from the other, and so it spread. In every case excoriated ulcers were formed; in some cases abscesses formed on the inside of the arms; in several cases the hair dropped off. The usual treatment for veneral ulcers effected a cure in from three to six weeks. The account from which this is a brief summary, is contained in Dr. Jone's work, "Med. and Surg. Memoirs," vol. iii., p. 478.

Now, with the overwhelming mass of evidence which has been put on record, and notwithstanding the repeated testimonies of the most conscientious and competent medical practitioners, connecting vaccinating and syphilis—yet a majority of the medical profession and medical press affect to treat with contempt this entire mass of evidence. Their day of reckoning is at hand. The people are reading, rising, and the star of truth is already in the ascendency.

So far as possible every mishap resulting from vaccination is discreetly hidden from public view. The average M. D. of the elder school is secretive and mysterious in medical matters. A medical priesthood has grown up which is ineffective, crafty, selfish, persecuting and intolerant toward recent schools of medical reform; implacably savage towards psychic treatment—towards the divine gifts of healing—such as Schlatter displayed—giving a superlative position to drastic drug poisons, and a mean, unimportant and obscure place to sanitation, hygienic laws and habits; and lastly, guarding and defending the most destructive, poisonous, outlawed, and infamous feature in the whole range of medical practice with a jealousy and craftiness which would shame a ward politician or government contractor.

All the authorities I have cited in the foregoing pages stand high, both in their professional practice and in the world of letters; and they have recorded their opinions, and detailed the cases that came under their observation with a most conscientious candor, and certainly without selfish ends in view, inasmuch as their testimony goes to discredit the main pillar of old time medical practice. Nineteen-twentieths of our witnesses that have testified, belong to what is denominated the "Regular Professions," and the majority of them stand at the head of the profession.

Seventeen school girls syphilized at Lebus, near Frankfort, by pure, official, "sterilized" calf-lymph; yet the vaccinator continues to repeat: "Not the slightest danger." * * * "Our lymph is from a well-known source, absolutely pure, glycerinated, sterilized, all germs but the 'vaccine sporule' destroyed, hermetically 'sealed until used,'" and as often as repeated, even so often does the daily press report cases of vaccinal disaster, exposing these hungry second-class-doctor vaccinators.

Again, ponder well the indictment by Dr. Carter, of St. George's Hospital, London, who expresses his firm conviction that a "large proportion of the cases of apparently inherited syphilis are in reality vaccinal." Multitudes of little children under one year of age cursed with syphilis at the hands of the public vaccinator! You fathers and mothers, take this home to your own hearthstones. Think of it—ponder it. It may be your children whose lives will next be blighted; and I know if you realized the full purport of the danger which threatens your home and posterity, you would be calling mass meetings; you would memorialize the legislature; you would raise heaven and earth but that you would get this compulsory curse off the statute books—this unholy compact between the medical-politico priesthood and the state dissolved—forever dissolved.

In the foot-hills of the California mountains, mothers are extremely cautious lest a rattlesnake creeps out from a rock crevice and fangs their little ones; but I warn these mothers that the vaccinator carries something concealed in his vest pocket which menaces the life and welfare of their children and children's children a hundred fold more than all the rattlesnakes along the Coast range of the Sunset State. Rattlesnake venom never reaches more than an infintesimal fraction of one per cent. of the population; but children are poisoned by the hundred thousand at the instance of that unholy conspiracy between the state and old time medicine—compulsory vaccination.

"But we don't vaccinate any longer from arm to arm; we use calf-lymph, glycerinated and sterilized." Very well, gentlemen, but your "calf-lymph" has been tried and convicted in the highest courts of medical opinion. Read Dr. Hutchinson in the "Archives," pages 213-215, for 1891: A child three months old, perfectly healthy, vaccinated October, 1890, with Jenner's calf-lymph, resulted in three weeks with distinct syphilitic ulcers. Dr. H. also describes other well marked cases which were directly traceable to the much vaunted calf-lymph. Moreover, they do continue to vaccinate whole populations by the old process of arm to arm, with humanized virus. This is notably the case in Hindustan, South Africa, West India Islands, and the Sandwich Islands, and that too, by English and United States officials; and to this fact, I shall presently find the cause for the alarming increase of leprosy in recent years.

Humanity is one, all are units of the great whole. There are many races, yet but one human species. The Occident and the Orient are hand-clasping brothers. The Hindoos and ourselves are of Ayran descent. When in India I feel that I am sojourning among my elder and venerable Brahmanic brothers. If torrid suns have darkened their faces it has illumined their minds. They are thinkers, mystical, metaphysical, yet on the higher planes of life profoundly practical. Already they seek our shores—and all are threads in the web and warp of human life. Vaccination and leprosy, in India, are becoming almost synonomous terms. Leprosy from vaccination has already got a foothold in this country.

In tropical countries animalized and glycerinated lymph has been found to be too irritating, and attended with so much fever and inflammation, that the earlier method has been revived,—revived through vaccinators knowing the awful dangers attending arm to arm vaccination,—revived and made brutally compulsory over those native populations, because mammon takes precedence of humanity, and accustomed revenues must be conserved though this involve the extinction of a race.

LEPROSY AND VACCINATION.

"Leprosy is, perhaps, the most terrible disease that afflicts the human race. It is hideously disfiguring, destructive to the tissues and organs in an unusual degree, and is hopelessly incurable, the fate of its victims being, indeed, the most deplorable that the strongest imagination can conceive, and many years often passing before death rids the unhappy sufferer from a life of misery, to which there is scarcely any alleviation. It is not to be wondered at, then, that the question is one which philanthropists in these enlightened days are taking up actively."—British Medical Journal, Nov. 19, 1887.

Leprosy has claimed the serious attention of a large number of thoughtful minds of late years and a considerable amount of literature has accumulated on the subject. One could easily collect fifty volumes which have appeared in the last twenty years, besides voluminous reports from hospitals and boards of health and discussions in the medical journals. But the most candid, thorough and exhaustive work which I have read was published by Mr. Wm. Tebb, of London,, "The Recrudescence of Leprosy," 412 pages. I made the acquaintance of the author in London nearly a generation ago, and esteem him not only as a gentleman and scholar of wide attainments, but as a philanthropist and reformer of the most conscientious and persistent type. To him more than to any single reformer in England is due the passage of the Vaccination Act of 1898, into which the "Conscience Clause" was inserted. Mr. Tebb has traveled into every quarter of the globe to make a personal investigation of leprosy and to study the question in all its aspects,—India, Ceylon, British Guiana, Venezuela, West Indies, Norway, United States, Sandwich Islands, Egypt, New Zealand, Australia, South Africa, South America, Greek Archipelago, Syria, Asia Minor, etc. Upon his thorough researches I shall mainly depend for the facts presented in this section.

The chief claims which leprosy has on public attention at the present time, are the dangers which confront the civilized world by its rapid spread among all classes of society. It threatens civilization today in a far greater ratio than small-pox, and is ten-fold more to be dreaded, for upon each and every victim it sets the seal of an inevitable doom! New germ centers of leprosy are springing up and the old centers are steadily widening. Sir Morell Mackensie said in a lecture in 1889: "It is impossible to estimate even approximately the total number of lepers throughout the world, but it is certain they must be counted by millions." Lepers are becoming numerous in all the countries of Europe and there are some in several states of our own commonwealth, but as far as possible these cases are concealed from public observation and scrutiny. The patient and his friends, knowing with what horror the public regard the disease, naturally shun publicity, no one outside save the physician is acquainted with his malady, and he humanely guards the secret. Nor will the leper submit to isolation until his last resource for remaining in touch with his friends is exhausted, since he knows that when isolated he will henceforth be condemned to dwell amidst the most repulsive and saddening surroundings. Mr. Tebb informs us that leper hunting in Hawaii is a dangerous business, as many unfortunate lepers do not hesitate to shoot their pursuers. They would prefer a public execution to confinement in the lazaretto. This statement with similar ones I can personally verify (to say nothing of the lepers I had previously seen in India, Ceylon, Syria, and Egypt), for on my third tour around the world, exchanging steamers per arrangement at Honolulu, I remained over a month in this city and other places in the Sandwich Islands, studying leprosy in all its hideous forms. One or two physicians accompanied me during my investigations. The sights seen were not merely sad; they were sickening. Some from utter hopelessness commit suicide.

That the reader may appreciate the serious gravity of this complaint, I will subjoin a description, from a few eminent authors and practitioners who have had wide experience with lepers. Wm. Tebb observes in the preface to his last painstaking work:—

"Leprosy is one of the most loathsome as it is one of the most tissue-destructive diseases known, and when going through the wards of leper hospitals I have frequently noticed with pain the poor afflicted creatures bending their heads and covering their hands to conceal from strangers the sight of their distorted features and mutilated limbs. It is hardly possible to conceive, much less describe, the depth of human misery caused by the spread of this hideous and destructive disease; but some idea of its nature may be gathered from the following description of leprosy, which may well excite the sympathy of the philanthropist. It will be found in a recent work on leprosy by Dr. Thin, pp. 99-100. It is translated from Leloir, an eminent French authority on leprosy, and refers to the tubercular variety of the disease. 'If the patient,' he remarks, 'does not die of some internal disorder or special complication, the unhappy leper becomes a terrible object to look on. The deformed leonine face is covered with tubercles, ulcers, cicatrices, and crusts. His sunken, disfigured nose is reduced to a stump. His respiration is wheezing and difficult; a sanious, stinking fluid, which thickens into crusts, pours from his nostrils. The nasal mucous membrane is completely covered with ulcerations. A part of the cartilaginous and bony framework is carious. The mouth, throat, and larynx are mutilated, deformed, and covered with ulcerated tubercles. The patient breathes with the greatest difficulty. He is threatened with frequent fits of suffocation, which interrupt his sleep. He has lost his voice, his eyes are destroyed, and not only his sight but his sense of smell and taste have completely gone. Of the five senses hearing alone is usually preserved. In consequence of the great alterations in the skin of the limbs, which are coverd with ulcerated tubercles, crusts, and cicatrices, the pachydermic state of skin which gives the limbs the appearance of elephantiasis, and of the lesions of the peripheral nerves which are present at this time, and by which occasionally the symptoms of nerve leprosy are combined with those of tubercular leprosy, the sense of touch is abolished. The patient suffers excruciating pains in the limbs and even in the face, whilst the ravages of the disease in his legs render walking difficult and even impossible. From the hypertrophied inguinal and cervical glands pus flows abundantly from fistulous openings. In certain cases the abdomen is increased in size on account of the liver, spleen and mesenteric glands being involved. With these visceral lesions the appetite is irregular or lost. There are pains in the stomach, diarrhoea, bronchial pulmonary lesions, intermittent febrile attacks and a hectic state. The peculiar smell, recalling that of the dissecting room, mixed with the odor of goose's feathers, or of a fresh corpse, is indicated but poorly described, by the authors of the Middle Ages who compared it to that of a male goat."

Dr. John Hillis, who spent a number of years in British Guiana, says of the anaesthetic variety:—

"It is known as lenke of the Greeks, baras of the Arabians, jointevil of the West Indies, sunbahiru of the East Indies, and dry leprosy in contradistinction to the other form known as humid leprosy; and is characterized by a diseased condition of the nerves, and a peculiar eruption the primary characteristic of which is the loss of sensation, or anaesthesia; hence its name. After a time ulcerations form, a sort of dry gangrene of the limbs sets in, and joints drop off, and finally there is more or less paralysis. It would take a large volume to describe the signs or symptoms of leprosy, but the preceding account is sufficient to show what an alarming affection we have to deal with."

Surgeon Major G. G. Maclaren, who established Dehra Dun Asylum, writes a chapter in Mrs. Hay's "My Leper Friends," in which he observes:—

"In the many examinations I have made, post-mortem, I can testify that not a single organ in the whole body is exempt from the inroads of this dire and loathsome malady. It invades the brain, spinal nerves, the eyes, tongue, and throat, the lungs, the liver, and other digestive organs. In addition, as is generally known, it maims and deforms the external parts of the body in a manner too revolting to describe. It is painful to witness the amount of deplorable suffering some of these creatures endure!"

The following paragraph from Wm. Tebb will sufficiently indicate my reason for making the discussion of leprosy a leading feature in the present chapter; namely, its close connection with the vaccination outrage which doctors in league with the government, are perpetrating on the victimized and defenceless populations of India and the tropical isles, and which also threatens the very citadel of civilization itself:—

"In the West Indies, in British Guiana, in the Sandwich Islands, and in South Africa, when cases of unvaccinated diseases were related to me, I was urged by the sufferers and by their friends to make known their grievances to English people and to the Imperial Parliament, and, if possible, to bring public opinion to bear upon a mistaken and mischievous system which, without doing the least good, has been the cause of such terrible and far-reaching consequences. Acting upon these entreaties, and upon others contained in communications from various leprous countries, I have prsented to the public through the press, and to members of Parliament, such facts on this subject as came before my personal notice up to July, 1890. I now offer to the public further evidence and testimonies, on behalf especially of the afflicted population of our Crown Colonies and Dependencies, whose grievances have been so long and so flagrantly disregarded. Every attempt to introduce compulsory vaccination in the populous Island of Barbados, British West Indies, has been thwarted, owing to the widespread belief that leprosy and syphilis are communicated by the vaccine virus. In St. Thomas, Danish West Indies, and in Georgetown and other parts of British Guiana. it has, for similar reasons, been found practically impossible to enforce the vaccination law, and, in spite of severe compulsory enactments, entire districts remain unvaccinated by reason of this special danger; while, in the Sandwich Islands, a bill for the repeal of the vaccination law was introduced in the legislative assembly, July, 1890, by J. Kalua Kahookano, a scholarly representative from North Kohala, Island of Hawaii."—"Leprosy and Vaccination," Wm. Tebb, p. 15.

In every civilized community may be found two classes with distinct and opposite interests relating to the public health—two medical schools I may call them. One holds to tradition and dogma, with two cardinal tenets in their medical creed; a drastic drug for the stomach to cure disease and a putrid decoction of decayed animal tissue for inoculation into the blood to prevent disease. The second class—the new higher school—the hard students—places only a secondary reliance upon antidotes and drastic specifics, the main article of their creed being: Sanitary regulation, hygiene, and obedience to the immutable laws of nature. The members of the old style school are like our bankers, who urge that the issuance of money should be relegated exclusively to them. In like manner vaccinators and the conservative class of doctors generally, would like to have all matters affecting the public health left exclusively to them. They want the health conditions of the community under their control, so they can manipulate them as a financier manipulates the stock market. They make no earnest effort to instruct the people how to preserve health and prevent disease. No—no! They have no interests identified with a general and thorough system of public sanitation. They have "de-monetised" air, water, and general hygiene, and set up a sort of "gold standard" of their mysterious drugs, latin-named, and still more mysterious vaccine pus, and secured a law that compels everybody to buy; and if any "divine healer"—like Schlatter, or a psychic like the late Dr. Newton, comes along, even certain of the Homoeopaths and Eclectics would arrest and fine him. Ah, more! If Jesus Christ, the Great Physician, should appear in our midst as of old, long-haired, sandal-footed, and Syrian-clad, curing the leper, making the deaf to hear, the blind to see, the lame to walk, and the dumb to speak, Allopaths, Homeopaths, Osteopaths, and Eclectics of the "baser sort," would quite likely unite, arraign, try, condemn, and jail him! The hydra-headed monster of persecution is not dead. There is if possible more medical than theological idolatry and bigotry in the land. Schools and pathies aside, only the educated, cultured, conscientious, and inspired man or woman that treats and restores the sick—teaching them in the meantime how to keep well—is worthy the name physician!

The second class, or better school of physicians, thoroughly educated, has a real interest in the public health, and a rational and scientific mode of promoting it. They are foremost in urging measures for thorough public sanitation. Where centers of filth and pollution abound they would cleanse and purify. They have a fellow feeling for the race. They are sympathetic. They are self-sacrificing and they have a keen sense of identity with the common welfare.

In Honolulu, both schools are represented. The vaccinators are continually lobbying for more stringent compulsory laws by which they may be able to compel every unit in the social organism to pay them tribute. A sanitary organization is also laboring for the repeal of those laws, and for the adoption of measures which will prevent zymotic diseases without wrecking the health in other regards, They insist that vaccination shall be left optional with the people. But the vaccinators know full well if they are not permitted to vaccinate with compulsion they cannot vaccinate at all, and their occupation would be gone, for the native population are a unit against the practice, believing the prevalence of syphilis and leprosy in the islands to be mainly due to vaccination. Vaccinating officers, too, are charged with reckless carelessness, operating upon hundreds of persons in succession with no pretence to cleaning the instruments; also that the virus used is a common source of serious inflammation and illness. A determined resistance to vaccination therefore, is spreading throughout the islands, and officials encounter increasing trouble in enforcing the law.

A condensed and much abridged summary of the conclusions to which Mr. Tebb arrives concerning the relation of leprosy to vaccination, in the following:—

1. Leprosy is an inoculable disease, in which the leprous virus usually finds its way to the blood through a punctured or abrazed skin-surface.

2. The most frequent opportunities of inoculating this

virus is afforded in the practice of vaccination, which is the only inoculation that is habitually imposed by law. Note also in this connection that where leprosy most abounds, the mode of vaccination is from arm to arm

3. That the increase of leprosy in the Sandwich Islands, West Indies, Colombia, British Guiana, South Africa, and New Caledonia, has been parallel with the introduction and extension of vaccination in these countries. This fact is neither questioned nor denied.

In some of these—as the Sandwich Islands—there was no leprosy until the natives came in contact with civilization. In these countries, moreover, arm to arm vaccination is all the more dangerous because leprosy is of very slow incubation, and often exists incipiently in apparently healthy persons through whom vaccine virus often passes.

Leprosy is found to be rapidly increasing all over the world, but more especially along the channels of commercial activity. Mr. Tebb devotes 60 pages of his large work with evidence on this point alone. In parts of Russia, particularly the Baltic and Caspian provinces, the disease is spreading. In 1887 Dr. Bergman discovered 37 cases in Riga and 21 cases in its environs. In 1893 the number had increased to 100. In and around Dorpat the disease has reached alarming proportions. In Bokhara and provinces east of the Caspian it is reported as spreading rapidly. Throughout the West India Islands lepers are multiplying altogether beyond the hospital accommodations provided. In 1889 Mr. Tebb visited the làzaretto at Barbados, where from 300 to 400 lepers were congregated from a single parish of 30, 000 population. While the population increases at the rate of six per cent. lepers are increasing at the rate of 25 per cent. The report on leprosy in Trinidad in 1891, as given by Dr. Koch, says: "The new infirmary ward, which was finished at the end of 1889, and occupied early in 1890, has been full all the year round. There was a rush of patients to fill it." In 1805 but three lepers were known in Trinidad; eight years later there was 73, out of a population of 32,000. In 1878 there were 860 out of a population of 120,000; and in 1892, the increase was estimated to be four times more rapid than that of population.

THE SANDWICH ISLANDS.

In the Sandwich Islands leprosy is allowed to be the chief of the destructive forces which are gradually depopulating the native race of this beautiful archipelago. Its rapid increase is by far the most urgent and anxious question of the hour, and successive medical officers of health seem powerless to cope with it. This was fully confirmed when on my third journey around the world studying chronic diseases and their remedies.

Leaving my Australian bound steamer by previous arrangement at Honolulu, I spent much time in Hawaii in the leprosy-receiving hospitals, and at the homes of isolated lepers accompanied by an attending physician. It is admitted here that in many cases the leprous taint is directly traced to vaccination. This is the chief reason why the natives oppose it.

"In a leading article on 'The Nature of Leprosy,' 'The Lancet,' July 30, 1881, p. 186, says: 'The great importance of the subject of the nature and mode of extension of leprosy is evident from the steady increase in certain countries into which it has been introduced. In the Sandwich Islands, for instance, the disease was unknown forty years ago, and now a tenth part of the inhabitants are lepers. In Honolulu, at one time quite free, there are not less than two hundred and fifty cases; and in the United States the number is steadily increasing.

"According to the latest returns handed to me (October, 1890) by Mr. Potter, the secretary to the board of health, Honolulu, 1154 lepers were segregated in Molokai, to which must be added thirty, sent from the Hospital of Suspects at Kalihi to Molokai on the 30th of the same month, while there are probably several hundred secreted by relatives in the various islands. On March 31, 1888, the number officially reported to be at large in the various islands amounted to 644, but efforts have been made during the past three years to capture these afflicted creatures and segregate them at Molokai."—Wm. Tebb, p. 40.

It is estimated by Dr. White, surgeon to the United States Navy, who visited the islands in 1882, that the concealed cases amounted to at least three per cent. of the population. On the origin and spread of leprosy in Hawaii Wm. Tebb writes, pp. 42-43:—

"According to Mr. Dayton, president of the health board, Honolulu, leprosy was discovered in the island in 1840, but Mr. D. W. Meyer, agent for the Honolulu board of health, in the appendix to the report presented to the legislative assembly of Honolulu in 1886, says it was in 1859 or 1860 that he saw the first case of the disease. That 1840 was the date of its introduction is the opinion of Dr. W. B. Emerson, ex-president of the board of health, Honolulu, who, in his report published in 'The Practitioner' of April, 1890, attributes the introduction of the disease to a case reported by the Rev. D. D. Baldwin, M. D., to the Minister of the Interior, May 26, 1864. In 1863 Dr. Baldwin received reports from the deacons of his church at Lahaina with the names of 60 people who were believed to be affected with this disease. In a very few years leprosy increased to an enormous extent, and in 1868 Dr. Hutchinson reported 274 cases. * * * * * * *

"To account for the appalling spread of this terrible scourge of humanity within such a short period of time, the evidence points conclusively to one prominent cause—vaccination. There is no evidence to show that leprosy increased in Hawaii until after the introduction and dissemination of the vaccine virus.

"Small-pox was introduced from San Francisco in the year 1868. In that year a general vaccination took place, spring lancets being used. which the president of the board of health (Mr. David Dayton) informed me were difficult, if not impossible, to disinfect—the operation causing irreparable mischief. The synchronicity of the spread of leprosy with general vaccination is actually a matter beyond discussion, and this terrible disease soon afterwards obtained such a foothold amongst the Hawaiians that the government made a first attempt to control it by means of segregation. Another outbreak of small-pox occurred in 1873, and yet another in 1881, both followed by general arm to arm vaccination and a rapid and alarming development of leprosy, as may be seen in successive reports of the board of health. In 1886 the then president of the board of health recorded his conviction, in an official report, to the effect that that 'to judge by the number of cases in proportion to the population, the disease (leprosy) appears to be more virulent and malignant in the Hawaiian Archipelago than elsewhere on the globe.' Leprosy became then, and is now, the most pressing question in these islands."

In New Caledonia (South Pacific) leprosy was unknown until 1853, when the French formally annexed and converted it into a penal colony. In 1890, 500 cases were reported among the natives and seven of European parentage. Vaccination had been practiced with rigor, and to this a large percentage of the cases are indirectly attributable. But once introduced, it has also spread by means of a peculiar habit the natives have of tattooing and scarifying the skin, making a free channel through which the leprous virus or bacillus can reach the blood. This practice has been with them from time immemorial, and yet no leprosy was known there until they were brought in contact with the vaccination of European civilization.

In India leprosy is estimated to be increasing at the rate of 1,000 per year (British Med. Jour. Sept. 13, 1890.) The Prince of Wales stated in a speech in Marlborough House, June 17, 1889, that there were in India at least 250,000 lepers. In some districts 22 per cent. of the population are afflicted. The leper asylums are totally inadequate to their accomodation. In the city of Bombay, where at least 1,000 lepers are found, they collect in 'dark corners, in gullies where rats and bandicoats have taken their abode, thrown out by their families, neglected and indiscribably wretched."

Whether leprosy is contagious, the greatest diversity of opinion exists among medical men. As no one has studied this question more carefully and extensively than Mr. Tebb, I consider his opinion entitled to much weight. He does not believe it to be contagious in the ordinary sense in which that term is used; but that the principle mode by which it is communicated is through puncture or abrasion of the skin, that is, by inoculating the blood through the skin with the leprous virus. A sewing needle or pin from the garments of a leper is sufficient, if these penetrate through the skin. Mr. Tebb writes, pp. 80-81:

> "In the pursuit of my investigation, I have been confronted on every hand by the most conflicting theories with regard to the causation of leprosy, and particularly with regard to this question of contagion. The contagionists, when pressed, I found invariably included virus inoculation, and interpreted the word in that sense. They admitted that the leprous discharge might be touched with impunity, when the integument is intact, but not otherwise. Every nurse, doctor, attendant, or laundress, in the hospital, is bound to come in repeated contact with pus from ulcerated tubercles. It is only by the insertion of the leprous virus into the blood, through a sore, prick, or abraded surface, that the disease is communicable. This view is now held by the highest authorities in all parts of the world. At the same time, there are others who hold that the disease is transferable in a lesser degree by inhalation, heredity, and cohabitation.
>
> "From personal inquiries made at asylums and lazarettos in various countries where leprosy is endemic, I am convinced that, apart from the risk of inoculation, there is little or no danger of contagion, using the word to mean simple contact between unbroken surfaces of the body. So far as my investigations have extended, the only country where the belief in communication by simple contact prevails to a certain extent is Hawaii; but here also I found much diversity of opinion, not a few using the word contagion to include cow-pox inoculation, both accidental, as in a cut or a sore, and by design, as in vaccination."

The first serious hint from a high medical authority that leprosy is a frequent result of vaccination, was by Dr. R. Hall Bakewell in 1870. He was vaccinator general of Trinidad and visiting physician of leprosy hospital. He writes:—

"The question is not as simple as it appears. It is not a question of half-a-dozen minute punctures in an infant's arm versus an attack of small-pox. It is a question of performing on every child that is born into the world, and that lives to be three months old, an operation sometimes, though very rarely, fatal; sometimes, but not frequently, attended with severe illness, always accompanied by considerable constitutional disturbance in the form of fever; sometimes, in an unknown proportion of cases, introducing into the system of a healthy child constitutional syphilis, but suspected in the West Indies of introducing a poison even more dreaded than that of syphilis—leprosy. And the parent is required compulsorily by law to subject his child to these evils, most of which are only possible, but one of which is certain (the fever), for the purpose of avoiding the chance of an epidemic of small-pox, which, when it does occur, may or may not attack the child.

"It may be taken as proved that the syphilitic poison may be, and has been, introduced into the system of a previously healthy child by means of vaccination. But we know that leprosy is a constitutional disease, in many respects singularly resembling constitutonal syphilis; like it, attended by stainings and diseases of the skin; like it, attacking the mucous membrane of the nose, throat, and mouth; like it, producing falling off of the hair, diseases of the nails and bones; and, like it, hereditary." Why should not the blood of a leprous child, whether the leprosy be developed or not, contaminate a healthy one?

"It seems to me not merely a popular opinion, but a medical one also. In returning to Europe in the spring of this year, I met several medical men from Demerara and other tropical countries, and they all considered that leprosy might be, and is, propagated by vaccination."

Dr. Bakewell was summoned on behalf of the government to give evidence before the Select Vaccination Parliamentary committee in 1871, and testified as follows (Answer 3563, p. 207, Official Report):—

"There is a very strong opinion prevalent in Trinidad, and in the West Indies generally, that leprosy has been introduced into the system by vaccination; and I may say that as vaccinator general of Trinidad, I found that all the medical men, when they had occasion to vaccinate either their own children or those of patients in whom they were specially interested, applied to me for English lymph; and that was so marked that in one instance a man, who had never spoken to me before, wrote me quite a friendly letter, in order to get lymph from England when he had to vaccinate his own child. It is quite evident that the only reason for wanting lymph from England must be that they consider it free or measurably free, from contaminating the system by leprosy; because, of course, there is an equal chance, and probably a greater chance in England, of the lymph being contaminated by syphilis."

Queston 3564 and Dr. Bakewell's answer (pp. 207-8) are as follows:—

"Q.—Have you had experience of any case in which leprosy has been introduced by vaccination?

"A.—I have seen several cases in which it seemed to be the only explanation. I have a case, now under treatment, of the son of a gentleman from India who has contracted leprosy, both the parents being of English origin. I saw the case of a child last year, who, though a Creole of the Island of Trinidad, is born of English parents, and is a leper, and there is no other cause to which it is attributable. Sir Ranald Martin, who is a great authority on these points, agreed with me that the leprosy arose from vaccination."—"Leprosy and Vaccination," pp. 134-135.

In the "British Medical Journal," June 11, 1887, Dr. W. T. Gairdner, professor of medicine in the university, Glasgow, gives a lengthy and sadly interesting account of a case of leprosy which came under his observation in England. As this case resulted from vaccination, I will make an abridged statement of it. The case was a confidential one and hence names and localities are omitted except that the island referred to is one of the group in the British East Indies.

A sea captain and his wife had a little boy with a peculiar eruption on the skin, and took him to Dr. Gairdner who made a thorough diagnosis of the case and pronounced it to be incipient leprosy. The parents had just brought the child from a British tropical island ;they were Scotch and were horrified. As the child continued to grow worse the mother did not accompany the husband on his voyages, but settled down in England where their unfortunate child might have the advantage of good medical advice.

Three years subsequently Dr. G. was lecturing in the town where the lady was stopping and so went to see how the malady was progressing in the little boy, whom he found in the most advanced stage of the disease, proceeding to mutilation of the extremeties and in the last degree of emaciation. It was on the occasion of this visit that Dr. Gairdner learned the history of the case. On the island where the parents temporarily sojourned, the child was vaccinated by a Scotch physician who had been a pupil in Dr. Gairdner's university. This physician took lymph from the arm of his own son, whom a short time previously he had vaccinated with lymph from the arm of a native child which he afterwards learned was from a leprous family and leprosy later devloped itself in this child, and as a matter of course the two children—the physician's child and the child of the sea captain—developed it also. The latter died soon after. Dr. Gairdner saw him the second time. In 1887 the physician's son was still alive, sequestered in an English town, but hopelessly afflicted with the terrible and incurable disease.

This was an undoubted case of vaccinal leprosy. It is a fearful indictment against the practice of vaccination, and reveals how grave a danger confronts every parent who submits their children to the perilous ordeal. This case is likewise an other link in that long chain of evidence which confirms the popular belief among the native populations that vaccination is the direct cause of the alarming spread of leprosy. Still, with all these facts before him, the vaccinating doctor—literally the medical lilliputian—not only has no thoughts of quitting his murderous practice, but is continually plotting to make compulsory vaccination more complete and its enforcement more rigorous! Referring to the cases above detailed, the acting surgeon general of Trinidad, Dr. C. B. Pasley, observes: "The fact remains, that an unlucky boy, of undoubted English parentage, acquired a most loathsome disease, and died a miserable death as the result of vaccination."

A sad case of leprosy occurred in the island of St. Kitts, British West Indies, in 1890. The little daughter of a Wesleyan missionary was taken sick and on examination it was found the child had contracted leprosy. Fearing the small-pox, which occasionally visited the isle, the parents in order to save their little girl from a remote and possible danger, inoculated her with the terrible poison that made her existence a living death and source of unfailing sorrow to her parents. The missionary resigned his charge and decided to return to England, hoping he might find some adequate medical skill for his unfortunate child; but a new trouble was encountered in securing passage to England, as the Royal Mail company steamers would not take a leper passenger. The family finally took passage on a sailing craft, but before the vessel got fairly away from the island, it struck a reef, and they barely escaped with their lives. So they remained on the island where their misfortunes began, and where they will perform the offices of love for their stricken one until the authorities tear her asunder from her parents and consign her to the lazaretto, from whence no traveler ever returns. The vaccinator meantime remains abroad, and is not only permitted to pursue his nefarious business, but assisted by the state to hunt down his victims and inflict upon them the curse of all curses—a disease which savages never saw or heard of until the civilized man found him a convenient subject with which to increase his revenues; then he compassionately (?) began to "protect" him.

"While in Trinidad, I made inquiries of a highly intelligent merchant, who has resided forty-three years in the West Indies, and has always been much interested in the public health. He says the belief is general in the islands that leprosy is being extensively disseminated by vaccination, and he furnished me with particulars of a number of healthy families where leprosy and other diseases have broken out after vaccination, of others who, in spite of a law enforcing vaccination, have preferred to undergo the worry and penalties of prosecution to the terrible risks of this hideous and incurable malady. In some instances the children infected with leprosy have been sent by their parents to France and England, where, after treatment by some of the most distinguished physicians, they have either succumbed to the disease or returned to die at home; and in one case the mother died of a broken heart on seeing her eldest son come back a complete wreck, loathsome to the sight. All the victims described by my informant were in good circumstances and none were even sent to the leper hospital, where only the poor are entered. He says that had he kept a record he would have been in a position to have given details of very many cases, with all the attending circumstances, and adds, 'I have come to the conclusion that we are indebted to vaccination for not only this (leprosy) but many other diseases, especially those of a scrofulous nature, as well as syphilis.' "—Wm. Tebb, p. 146.

"Mr Alexander Henry, vice-chairman of the Council of the British and West Indian Alliance, and formerly editor of the St. Kitts Gazette, who has resided some years in the West Indies, and has devoted much attention to the spread and causation of leprosy, writing June 12, 1890, says: 'A medical officer of health cautiously admitted to me that leprosy was contracted by means of careless vaccination. Now, careless vaccination means vaccination from arm to arm, which is almost universal in these islands. I do not believe there is a doctor of any standing in the West Indies who would deny that leprosy can be inoculated. It is admitted that owing to the slow incubation of the disease it is difficult to distinguish a leper; and when you take into account that medical officers are constantly complaining to the government 'that they cannot get a supply of calf-lymph,' and add to this the indiscriminate and careless yet vigorous manner in which they carry out the vaccination laws upon an ignorant and simple people, who have no means of asserting themselves, I think we may safely conclude there is a high probability that leprosy is spread by vaccination."—Ibed. p. 151.

"My own experience has compelled the conviction that leprosy has on numerous occasions been propagated by the vaccinator's lancet in these islands. Children have been brought to me a year or two after vaccination who have shown unmistakable signs of leprosy, and whose parents assured me that such had never been in their family before. On the other hand, inquiry into the antecedents of the child from whom the lymph had been selected revealed the existence of leprous taint either on the paternal or maternal side.

"My own experiences have been confirmed by Dr. Bechtinger, formerly a resident and practising physician here, whose extensive researches entitle his opinion to great weight amongst pathologists.

"The belief, also, in the British West Indies as to the conveyance of leprosy in this way is widespread, and forms one of the strongest grounds against compulsory vaccination that I know of.

"In view of such a fact, and in face of such a terrible danger, it is my conscientious opinion that every physician should hesitate before subscribing to such a doctrine, as compulsory vaccination."—Extract from a letter from Dr. Chas. E. Taylor, of St. Thomas, Danish West Indies, read before Vaccination Commission, Jan. 2, 1890.

Now, the chief secretary of state for the colonies—Lord Kimberly—sent out a circular of inquiry, as to whether there were any grounds for the belief that leprosy was spread by vaccination in the West Indies. A dozen or more of physicians in these islands, who were practically familiar with leprosy, responded to this circular and gave their emphatic testimony that vaccination was causing a vast amount of leprosy. Their evidence was before the College of Physicians. What did this learned body do with these facts in their possession? Did they advise Lord Kimberly to relax the rigor of compulsory vaccination in the islands? Did they express sorrow at the leprous havoc that had already been wrought by the adoption of a mistaken policy? Did they suggest measures whereby a modicum of justice might be returned to a wronged people for the barbarous practice that had already been wantonly imposed upon them? Nothing of the kind; but in their answer and advice to Lord Kimberly they said: "The College of Physicians feel they can not press too strongly on your lordship the importance of enforcing the practice of vaccination for the protection of those who are too ignorant to protect themselves." It is difficult to say which is the most pronounced in the above passage—bald hypocrisy, or cold-blooded traffic in the blood of human beings at one dollar per head! May the day soon dawn when the people—the thinking, toiling people—will be wise enough—enthusiastic enough—to protect themselves from the tender mercies of Colleges of Physicians! Between the members of that brotherhood of thieves—the commercial agent, the superstitious priest, the scheming lawyer, and the doctor,—the native populations of all countries, lying near the tropics, are having a most unequal struggle. Each class manipulates these natives in a different way, but all have the same purpose—the money value they make them instrumental in returning to them. All profess philanthropic motives. The commercial sharper wants to advance the native's material interests; the priest wants to rescue their soul from endless hell torments; the lawyer is as painfully, as self-sacrificingly anxious to assist all the others in "protecting" him; the doctor, with a heart all tenderness is so alarmed lest he catch the small-pox! that he invokes the mighty power of the state and all the resources of the surgical art to "protect" the poor creature, seeing he is "too ignorant to protect himself." So between the various "privileged classes" the civilize, the tropical populations, are being ground to powder.

Gold is today's god. It was Rome's before her fall. Civilization, sad to say, worships it however ill-gotten. For it the syndicate is formed—for it the treasure-safe is blown to atoms—for it the highway robber, revolver in hand, boards the railway train—and for it the hungrier, leaner class of doctors will fight—persistently and politically—fight for compulsory vaccination. When, oh when, will the world come to understand that God is just, that all, here or hereafter, will reap what they have sown—that compensation is as certain as the needle to the pole—that sin brings suffering in all worlds, and that heaven is attained only by being right and doing right—only by living the upright, Christlike life.

Dr Edward Arning made a thorough bacteriological study of leprosy in the Sandwich Islands; and in a letter to Wm. Tebb dated Sept. 6, 1889, he says:—

"During my stay on the Hawaiian Islands for the bacteriological study of leprosy, I was naturally drawn to a scrutiny of the question whether leprosy is transmissible, and had been there transmitted by vaccination; all the more so as there is a general opinion prevailing on these islands that the unusually rapid spread of the disease about thirty years ago may probably be attributed to the great amount of indiscriminate vaccination there carried on about that period. And there is no mistake about the actual synchronicity of the spread of vaccination and of leprosy in the Hawaiian Islands; but many a mistake is possible as to the real casual relation between the two.

"I could trace the first authenticated cases of leprosy back to about 1830, but the terrible spread all over the islands did not take place until very nearly thirty years later, at a time when an epidemic of small-pox had given rise to very general and very careless vaccinations throughout the group. * * * * * I attach far more importance to an instance of an increase of leprosy soon after vaccination on a much smaller scale, and during a much more recent period than the above. I have it on good authority that a very remarkable new crop of leprosy cases sprang up at Lahaina, on the island of Maui, about a year after vaccination had been practiced there.

"The impossibility of detecting leprosy in its early stages is a matter of common notoriety amongst physicians, so that many who believe in the prophylaxis of vaccination refuse to incur the terrible risks involved by its practice in leprous countries."—"Leprosy and Vaccination," p. 157.

Dr. F. B. Sutliff, of Sacramento, Cal., who has studied the disease as government physician on the Island of Maui, says:—

"I very seldom visited a school without excluding some (children), while the spots just beginning to show in others made it only too probable that they would not long be doubtful cases. It did not seem to me a difficult task to read the fate of Hawaii in the little dark faces that looked up from their books."—"Occidental Medical Times," April, 1889.

It is the general opinion of all residents in Honolulu, that the remarkable spread of leprosy subsequent to 1853 was due to indiscriminate and general vaccination in that year. Alarmed by an invasion of small-pox, a vaccination of the whole population was ordered, and as physicians were few, non-professionals aided in the work. This heterogeneous and indiscriminate arm to arm vaccination, soon sowed a bountiful crop of both leprosy and syphilis. But Mr. Walter M. Gibson, president board of health in Honolulu, has expressed the opinion that the chief cause of leprosy and secondary syphilis, was the indiscriminate and careless practice of vaccination in 1868. After this general vaccination, numerous leprous centers sprang up in various parts of the islands where the disease had previously been unknown.

A remarkable outbreak of fresh leprous cases occurred at Lahaima in 1871-72, Island of Maui. This was one year after a general vaccination. Sixty cases occured suddenly in a locality which up to that time had been almost entirely free from the disease.

When Capt. Cook visited the islands their population was estimated at 400,000; and in 1900 a population of 35,000 would be a very liberal estimate,—a race literally swept off the face of the earth, that the business of the vaccinator may continue to yield an unfailing annual revenue. A race "protected" by the murderous practice of professedly civilized men on the pretence that they are "too ignorant to protect themselves." Notwithstanding these appalling facts confronting them in their midst and on every side, what do they do? What redress or mitigation of wrongs already committed do the doctors propose? Just what the College of Physicians proposed on another occasion. They heap insult upon injury!

In the biennial report of the president of the board of health to the Hawaii legislature of 1888, the said legislature was informed and advised, "that the work of vaccination had been pushed with vigor," and that "the board would recommend the passage of a more stringent law, imposing heavier penalties and giving vaccinating authorities all necessary authority." If this is not deliberate, cold-blooded, and demoniac cruelty, perpetrated against a defenceless native race, some of which prominent white men have married, it would be difficult to find an example. And who is it behind the board and largely constituting it? Who is it urging on this infamous work? They are the doctors who run vaccination on "business principles;" doctors who seemingly place no higher value on the "Kanucks" than their vaccination fee will yield them,—on a West India native, or Afrikander, or Hindoo. How the legislature must be "impressed" with the vaccinator's philanthropy when he is so persistently lobbying their body for a more "stringent law." Nor can we suppose that the legislature is quite so "verdant" when passing vaccination acts that they are simply aiding these self-sacrificing, kind-hearted (?) doctors in the "protection of those who are too ignorant to protect themselves."

In Cape Colony vaccination was made compulsory in 1882. A large number of cases of vaccinal injury soon followed, which the London "Daily News" attributed to "impure lymph." But a most vigorous vaccination of the natives was prosecuted; and on Sept. 6, 1883, an additional act was passed by the local legislature, in which Section 60 reads:—"No person who has not been vaccinated shall be appointed, or if appointed prior to the taking effect of this act, promoted to any office in the public service." A penalty of £2 was provided for non-vaccination of children. Nothing was either said or done to remove the real cause that was breeding the pestilence—the "long continued filth, neglect, and scarcity of water, foul, unkempt streets, seas of mud in the winter, of dust in the summer, and a population ignorant of the commonest instincts of decency." What did the vaccinators care for sanitation? They had not invested in that direction. As a natural consequence, in 1884, after the wholesale vaccination of 1882-3, there was an epidemic of smallpox, and leprosy was increasing at a fearful rate. In 1885 the medical officer for Herbert reported:—"During the year smallpox, syphilis of a particular type, and leprosy, have been the prevailing epidemics. The last two named are still prevailing to an alarming extent."

In summing up the evidence for Cape Colony, Mr. Tebb observes:—

"One experienced district surgeon told me that he had, again and again, year after year, called the attention of the board of health to proofs of this terrible havoc wrought by arm to arm vaccination, and had advocated its suppression in the interests of public health. A careful examination of the official documents would show that the facts incriminating vaccination have not been allowed to appear."—Tebb, p. 245.

"When making inquiries regarding etiology and spread of leprosy in South Africa, I was generally referred to the Rev. Canon Baker, of Kalk Bay, Cape Colony, as a high authority on the subject, and one who had probably devoted more attention to it than any other resident in the colony. Canon Baker had in 1883 given evidence before the select committee of the

House of Assembly, Cape Town, and presented a statement of his views, which appeared in Appendix A, pp. 1-9. Since then he has continued his investigations and accumulated a considerable body of facts bearing on the subject. Vaccination, he says, is carried out in the colonies in a most careless and perfunctory manner. He has seen the operator pass his lancet from one arm to another without the smallest attempt to disinfect the instrument or discriminate between the diseased and the healthy, in districts where both leprosy and syphilis are endemic. From other reliable sources I am satisfied that this is the rule rather than the exception. Canon Baker believes that leprosy is chiefly communicated by means of inoculation, and that arm to arm vaccination is a prolific cause of the spread of this fearful plague in South Africa.

"The Colony of Natal passed Vaccination Law No. 3 in 1882, and Law No. 10 in 1885. Penalties for non-vaccination £5. In a communication from Archdeacon Colley, (I have the honor of personally knowing Archdeacon Colley, meeting him not only in Natal and Cape Town, South Africa, but later, frequently in London. The Archdeacon is not only a most reliable witness, but personally a most scholarly, broad-minded English clergyman,) dated Natal, August 25, 1885, I learn that hundreds of summonses were issued in vain upon the colonists, but the natives were vaccinated by thousands; one operator would get through two hundred a day.

"While the vaccination laws for several years have not been enforced against the white population in Natal, all the natives are vaccinated either under persuasion or threats, the operation being carried out in the usual careless manner, with arm to arm virus taken from native children without previous examination, and not the slightest attempt is made to clean or disinfect the lancets after each operation. Hundreds of natives, as I am informed on unimpeachable authority, have died of blood-poisoning and of inoculated diseases.

"A member of the Legislative Council, Sir John Bisset, reported in Parliament that many were 'blood-poisoned, presenting a horrible sight, and dying masses of corruption.' In January, 1891, leprosy disseminated in this way was discovered in fifty kraals in one electoral division alone. The natives in their simplicity submit to vaccination, being told that it was the 'Incosi' (King) that ordered it, and this was the way the white man secured himself against the plague of small-pox.

"As the government of Natal does not publish reports from the district surgeons, and appears to be indifferent as to the suffering and mischief caused by the vaccinators, I found it difficult to obtain further details."—"Leprosy and Vaccination," pp. 273-75.

CHAPTER VIII.

MISCELLANEOUS FEATURES OF VACCINATION.

"Science is in the main most useful, but is sometimes proud, wild and erratic, and has lately proposed a desperate device for the prevention of infectious perils. She proposes to prevent one peril by setting up another. She would inoculate new diseases into our old stock, in the anticipation that the new will put out the old. I pray you be not led away by this conceit. This manufacture of spick and span new diseases in our human, bovine, equine, ovine, canine, and perhaps feline species is too much to endure the thought of, especially when we know that purity of life is all-sufficient to remove what exists, without invoking what is not."—Sir. B. W. Richardson, M. D., LL. D., F. R. S.

In the foregoing pages I have frequently coupled a large percentage of the medical profession—and especially the vaccinating fraternity—with a species of commercialism whose major purpose of pecuniary gain is in direct antagonism with the public health and welfare. And as I propose to continue the discussion somewhat along similar lines, I will here offer a word of qualification.

I do not arraign the profession for violation of the higher ethical law in any different sense than I arraign all professions and occupations embraced in our modern politico-selfish and competitive life. The entire structure of existing society—social, religious, professional, political, and commercial—is one in which all the parts are in mutual antagonism. Every form of social movement is an inversion of the higher normal order. The normal order finds its expression in love and reciprocity. The inversive order, in which we live, is one whose actuating force is self-interest, and hence one in which jealousy, rivalry, competitive strife, fraud, deceit, hypocrisy, injustice, oppression,, murder, war, conquest, etc., are abundantly interwoven with the social movement. The root out of which these hydra-headed antagonisms spring is the intense "love of money." This is the prime motive which impulses nearly every detail of human activity. The age is culminating; all lines are converging toward the "golden calf," wherein the specialties of the "Devil's" form of order will be bound in an apocalyptic "bundle" preliminary to its final destruction. Error is mortal and must die; truth alone is immortal, eternal.

The general system by which each individual and each class are able to promote their apparent welfare is one of competition and strife, not the best but the worst motives are accordingly brought to the front and kept there. This inversive system, general menstrum, or social environment prompts the groceryman to water his syrup, the manufacturer to put shoddy in his goods and to undersell his rival by a species of deception. It prompts the vaccinator to puncture and poison with putrid pus, while he swears it is the very "savor of life unto life;" prompts the lawyer to multiply contentions and quarrels, while to put an end to frauds and all quarrels would serve him poorly. Each individual and each class find their environment already provided when they arrive on the stage. The "rules of the game" are established, and they find it far easier to adopt these rules than to induce mankind to abandon them; so they take up the struggle and the strife where their fathers left it.

It is beyond the power, I fear, of any class of reformers to change the scheme by which society moves like a mighty avalanche toward the vortex of an impending revolution! While this system continues to remain it is absolutely certain that the majority will apply it in the prosecution of their daily business affairs. The old order is a broad highway which is crowded with "soldiers of fortune," the strong treading down the weak, and each intent on gaining a vantage ground where they may compel the less fortunate to pay them tribute. The new and prospective order is as yet but a narrow lane, in which the tall grass is seldom trodden down by the weary feet of solitary pilgrims who keep their integrity.

It is not my purpose therefore to unjustly condemn or criticise the doctor, lawyer, priest, manufacturer or trader, who feels compelled to use the tools bequeathed them by their ancestors. To each of these I am willing to concede they would practice the law of love under a more beneficent scheme of living—a scheme based upon justice and benevolence—a scheme in which self-interest would not antagonize the general welfare. It is the corporate greed, fraud and injustice I am aiming at, not the individual. While we are under the law of "struggle for existence and survival of the fittest" it must needs be that "offences come," yet nevertheless, "woe unto him through whom they come!" God is just. Nature knows no forgiveness. The "Good Law" holds each individual to account. You are humane men whom I meet on the street or in the public assembly, being neither strangers to pity nor generosity. You are moved by the spectacle of suffering, and put your hands deep into your pockets to relieve individual cases of distress. But when you combine with other men in a corporate capacity; I know then that the system will take precedence of the man; I know that you will then scheme for money and place and power, wholly indifferent to the disease, poverty, suffering and widespread disaster you may occasion. Thus banded together, your only concern for the "goose" is that she shall continue to lay golden eggs. It is your corporate character I am trying to introduce to my readers. I want them to realize how crafty, hypocritical, untruthful and utterly disregardful of the common good corporate bodies are in general, and the Vaccinating Syndicate in particular. It shall be with me a purpose—a persistent endeavor to clip the claws of this medical monster and so diminish its capacity for harm.

Now, the heads of the medical profession having hastily committed themselves to vaccination as an unquestioned prophylactic against small-pox, and having induced Parliament to award Jenner £30,000 from the public treasury, and also to endow a National Vaccine Establishment at £3,000 a year, henceforth reputations and vested interests were at stake, and so the vaccination delusion soon petrified into a dogma which both the profession and the state had a powerful motive to defend. In this way vaccination became one of those time-honored institutions, which courts and classes and professions conservatively guarded as a sort of heirloom of the race. It was therefore as reprehensible to neglect vaccination as to neglect baptism; far more so indeed, since to the former were attached fines and imprisonment in this world, while neglect of the latter was mercifully left to be adjudicated in the next world. To this giant evil the reformer stood like David before Goliah. The little handful of reformers who at first organized the London Anti-Vaccination Society began their work with much the same appearance and prospects as the little band in Boston, headed by Garrison, when they commenced their assault on the great institution of American slavery in the United States. This little coterie in London, with the noble Wm. Tebb at their head, were regarded as insane fanatics, and handled by the profession much as a householder handles a polecat that has found its way into his cellar. For them contempt, misrepresentation and persecution by the corrupt ring of feed and salaried professionals and officials who "stand in" with the state to reap their monthly and annual harvest at the expense and pain and protracted misery of the poorly informed and crucified public.

We know somewhat the kind of spirit that actuates a party machine which has long feasted on public spoils; how conscienceless and infamously corrupt they become; how they carry their measures by subsidizing the press, falsifying facts, and twisting statistics; hot, cruel, and unscrupulous they are, in crushing those, whom they cannot use or appropriate; with craft and cunning they pose before the people as guardians and defenders of the public safety. It is indeed high time the public should be made aware of the animus which is behind the whole vaccination business. Vaccination as a therapeutic is the pivotal [illegible] of inversion, the keystone in the arch which carries the full weight of old-time mercurial, blood-letting practice. It is the barometer, the indicator, which shows the financial outlook for medical practice from year to year. When boards of health can be spurred up to "enforce the law;" when the public schools are closed against those who refuse to submit; and when a fresh "set-back" can be given to advanced practitioners, then business is good and old-school medical stock is at par. To attack vaccination, therefore, is to run up against the "Wall Street" interest and syndicate trusts of value in the medical profession.

The medical profession, including the three more prominent schools, with a few exceptions, individually and collectively are either tacitly or expressly pledged to resist all attacks; to stand by the vaccination rite as persistently as a hard-shell Baptist stands by immersion as the only door into the Kingdom, or as a Catholic stands by the Pope's infallibility. Not only will the profession carry the fight to the last ditch in defence of their vaccine dogma, but they will push their disgusting practice under our noses, in season and out of season, with a standing prospect of a small-pox cyclone just ahead! Health boards are the principle means for the enforcement of such legislation as the vaccinators have been able to secure. The vaccinating "trust" has a prominent place in the structure of that "Old Dragon" whose slimy trail marks a path of desolation over which the victims of disease and poverty are hopelessly treading toward their untimely graves. A few reformers—fellow sufferers with the masses—conscientious royal-souled reformers—are trying to make the householders of this country—the parents and guardians of the rising generation—realize that the old vaccine virus monster, notwithstanding his flattering promises of salvation from disease, is really a disease-breeder—a parasite fastened upon their vitals, poisoning their life-blood and slowly but surely undermining the integrity of their bodily structure.

Be assured dear readers, vaccination is not your friend, but rather your insidious and implacable enemy, compared with which prosecutions, fines, and imprisonment are light penalties. Martyrs in the coming time wear crowns. It is far better that your children have the doors of the public school slammed in their faces than that you submit their bodies to be inoculated with the virus of detestable and incurable diseases.

It is not flattering to the voting population of the United States that they have permitted every state legislature to frame and pass a compulsory vaccination act. If the majority—or any less number—think vaccination a good thing, they are free to adopt it without any compulsory legislation, when, if the claim of the vaccinator were valid, they at least would be safe, whether their neighbor was vaccinated or not. It should concern the neighbor alone whether he choose to adopt vaccination, sanitation or any other form of protection.

Bushmen of Australia, may eat, as they do, mice if they choose; the Basutos of Africa may eat spotted adders, as they do, if they choose; the Digger Indians of California, may eat dried and finely-powdered grasshoppers, as they do, if they choose, and gormandizing gluttons may eat market-hung fowls till they are bluing and purpling into rottenness if they choose—but I will not do it, and I insist that there will not be no such un-

American statute-law enacted as will compulsorily compel me to subsist upon such abominable stuff. Mildly drawn, I should consider it a daring—a most audacious menace to personal liberty! And yet, better, almost infinitely better, have mice and grasshoppers in the digestive apparatus than cow-pox virus in the circulatory system, poisoning the blood and breeding such diseases as eczema, boils, eruptions, erysipelas, cancers, scrofula, tumors and sluggish syphilitic sores.

Once educate, once raise people above poverty, dependence,dirt and wretchedness, and they will discover a sufficient motive to live, as to voluntarily adopt real and efficient means of protection against every form of epidemic disease. But the American citizen and sovereign has surrendered his liberty to class privilege and power. He has permitted the vaccinator to enter his household and plant the most filthy diseases in the pure and tender bodies of his children. A whole nation consents to be put under compulsion to submit to the barbarous practice of the vaccinator whose only interest in the rite is the ready and unfailing revenue which the legislative guarantee of vaccination affords. Our fathers who laid the foundation of the state had better conception of liberty than their weak descendants, and it is the voter's own fault that compulsory vaccination was ever permitted, and once permitted and proved to be an unmitigated curse, that it is any longer tolerated. The general community have not informed themselves on this question which vitally concerns their welfare and their children's welfare, and so have quietly submitted to be bound and handed over to the executioner. As a people we have regarded with apathy and indifference the compulsory legislation which has conferred upon doctors and boards of health arbitrary powers by which they may compel parents to submit their children to the merciless vaccinator or otherwise incur dreaded penalties. Through ignorance, dear readers, you have permitted a "robber's roost" to be established over your front entrance, where unclean birds may congregate and poison the airs of your home sanctuary.

ANTI-VACCINATION LITERATURE.

The amount of anti-vaccination literature which has been put in circulation, is a fair indication and measure of the popular protest aroused against the practice. A catalogue of anti-vaccination literature, printed in 1882, showed:—

	Writers.	Publications.
British	100	205
American	17	36
German	39	104
French and Belgium	8	29
Dutch	2	4
Swedish	3	7
	169	385

Since 1882 both the number of writers and publications have greatly multiplied, until now it may fairly be assumed that 500 publications, books and pamphlets have been put into circulation against the vaccination delusion, and particularly against compulsory legislation. The uniform attitude of the medical profession toward this literature has been one of contempt. A standing reproach has been levelled against the anti-vaccination literature as being intrinsically "poor stuff." A similar reproach was levelled against Garrisonian literature during anti-slavery agitation in the fifties. When abuses cry to heaven for redress, reformers do not study an elegant and refined mode of writing and speaking, but address themselves primarily to the work in hand. It is quite true that previous to

1880 but few medical men from the old school of physic championed anti-vaccination reform. It would be folly to expect them to do so. Popular reform does not originate among the members of a privileged class who can obtain from government anything they ask for; a class moreover, who readily secure appointment to official positions, and who reap pecuniary benefits from the oppressive measures complained of. Popular reforms are generally espoused for the benefit of the poor, since the poor being defenceless are the principal victims of compulsory and oppressive laws. In this agitation the reformers are principally physicians from the new schools of medicine—Homeopaths, Eclectics, Hydropaths, and Osteopaths. But in 1887 and 1889 two eminent names were added to the reform list from the old Allopathic school—Dr. Creighton and Prof. Crookshank, who have treated the whole subject of vaccination so scientifically, thoroughly and conclusively, that old school doctors generally are conspicuously silent touching their labors in this field. Some, however, are anti-vaccinationists, and many do not believe in making it compulsory. Then the distinguished naturalist, Dr. Alfred Russell Wallace, has more recently made most important contributions to anti-vaccine literature, which not only materially assisted the London society in securing the "Conscience Clause" in the vaccination act of 1898, but also constitutes a powerful factor in the reform agitation in the United States.

Progressive new school physicians being far more numerous in this country than in Europe, they are almost to a man opposed to the vaccination scourge, and from this class scores of pamphlets on various phases of the subject are published and sent forth every year. Moreover, in every municipality where health boards close the public schools against unvaccinated children, these progressive, broad-minded physicians open the fight to secure their rights and are foremost in the organization of anti-vaccination leagues.

ATTITUDE OF THE PRESS.

One of the chief difficulties that stands in the way of those who desire the repeal of oppressive laws, is the attitude of the press. The great dailies, and to some extent, the popular magazines, are owned and managed by pivotal minds who represent class interests and leading party organizations. Their existence is for the promotion of these interests—place, power, and wealth. They each and all profess complete and undying devotion to the common interest and welfare, but these they unhesitatingly and invariably subordinate—and, if necessary, sacrifice—to the aforesaid class and corporate interests. Their professions are usually a hollow mockery and hypocritical pretense. We know they have no interest in reform or reformers, and further than they can turn them to lucrative and popular account. The real reform journal is round the corner, in a back alley, whose editor is also both typo and printer. But the "press," the political press, which I am writing about is located in a twelve-story building with marble front which it owns. The "press" does not hesitate to send the reformers to jail; to brand him as a malefactor, an anarchist, an insane fanatic, a troublesome disturber of the peace. What the privileged classes hate the press hates.

The great newspaper is the mouth-piece and defender of chief inversions that characterize modern society; it is part and parcel of that "Old Dragon" which has been made the conquest of the world; which has fenced itself in with privilege and place and power. Once the great newspaper represented a principle; now it represents a corporation. and therefore has no soul. When Horace Greeley launched the "Tribune" it became a living exponent of a living and breathing man. The modern "Tribune" is the organ of a corporate interest; its editorial page is anonymous; its writers are paid to run the machine under its corporate management.

The great newspaper is on good terms with the vaccinator and upholds compulsory vaccination laws. When it makes mention of the anti-vaccinator it is with an air of flippancy and arrogance, styling him as an "advocate of free trade in small-pox." (St. James Gazette, London.) It uniformly excludes communications that contain statements to the discredit of vaccination. This was the case with the San Diego "Union," and the "Tribune," both water syndicate sheets. The "London Times," as another for example, displayed gross unfairness two weeks before the report of the Royal Commission on Vaccination was published, by printing a lengthy article, "Professional Criticism on Non-professional Evidence of Opponents of Vaccination;" said article evidently being the work of a medical member, hiding under a fictitious name, of the Commission and designed to prejudice the public in advance in favor of vaccination, which the Commission was trying to bolster up. This article passed over in absolute silence the most important evidence that came before the Commission, namely, that of Prof. Crookshank, which occupied the Commission nine days and embraced 110 printed pages; being by far the fullest and most complete indictment of vaccination on scientific grounds which has ever been made. It is not difficult to find a motive for this silence; for what the "Times" does not notice, the average well-to-do Englishman regards as of little account. The legislators who make laws for the vaccinators, and the justices who send protestors who refuse to be vaccinated to prison, get their knowledge of current events from the "Times." As the "Times" did not deign to notice the terrible indictment of vaccination contained in Prof. Crookshank's evidence, the legislators and justices who make and execute vaccination laws, will never trouble themselves to go to the Blue Book and look up the evidence. Then magazine editors are very careful not to admit articles which might offend a haughty aristocracy or medical orthodoxy. So with current journalism, truth and falsehood are trivial and unimportant matters; but to stand well with that portion of the public that gives patronage and offers pelf are matters of vital concern.

In the Normal Order the daily press would be the great exponent of truth and righteousness, but in the existing order its general moral rottenness is so manifest that the careful thinking public has come to regard it as the liar par excellence. No great newspaper hesitates to destroy the reputation of any man who dares to offend, or who advocates an unpopular cause. Had not Capt. Dreyfus been a son of a member of one of the millionaire firms of Alsace, it is very doubtful whether the daily press outside of France would have expended the eloquence and employed the machinery of hundreds of publishing houses in his behalf. There are thousands of innocent men under condemnation—thousands who are wronged and defrauded whom the great daily papers do not work for. Millionaire press-corporations do newspaper work, not in the interests of humanity, not that justice and mercy may abound on the earth, but to secure the same ends for which all trusts are organized in the inverse order—the gratification of corporate greed. Moral consideration is wholly ignored by corporate press combinations. Personal responsibility and individual conscience have quite disappeared from the modern newspaper. Its editorial page is anonymous; its backing is aggregated wealth; its character is compositely infernal; its purpose is to possess and dominate the world. It is persistently, deliberately and systematically employed in fostering class hatreds, race hatreds, and this very often by falsehood and malicious provocation. It never champions reform except as the Pharisee and hypocrite champions reform. It is not in the reform business, only as the style of selfish business can be made to serve its purpose. As well expect to gather figs from the thistle stalk, as to find a candid conscientious and important discussion of class encroachments upon the people's liberties by the metropolitan press.

It will thus be seen that reform of public abuses and class encroachments, has no champion or defender in the popular press located in the great commercial centers. The reformer knows by oft repeated experiences that he has no friend or ally in the millionaire newspaper; knows, too, that when the press uncovers scandal or exposes fraud in high places, it does this with party motives or as a paid detective or attorney; knows moreover, that in its daily record of current events it has but a slight regard for truth, which is most conspicuously manifest in its publication of war news. Consider, therefore, what a difficult task lies before the regal-souled reformer in his endeavor to reach the masses with the facts and the truth which vitally concern their welfare.

MAMMON AND VACCINATION.

I have already made frequent mention of the "Mammon" feature associated with the practice of vaccination, and doubtless many readers will think I have made it too prominent; but the more I reflect on the history of legislation which the vaccinating fraternity have been instrumental in bringing about, the more thoroughly convinced I am that they are actuated by the same motives that impel business combinations in every sphere in life. Moreover, each class has a code of morals adapted to its particular form of self-interest which is wholly different from that of practical life. War, politics, trade, law, medicine, each have their so-called moral code, which is modified from year to year in a manner to conform to local circumstances. The Golden Rule is good doctrine to profess and adapt to Sunday worship, but in practical life it is construed in a "Pickwickian" sense and not permitted to interfere with business.

While modern "civilized" warfare discards poisoned arrows and explosive bullets, it is nevertheless compatible with war-morals to employ explosive shells, concealed mines, torpedoes, ambuscades, starvation, cutting off the water supply, fabricating lying dispatches, employing spies, spreading false reports, displaying false signals, etc.

In law again, the "code" is adapted to the interests that are to be subserved. By common usage an advocate is pledged to "defend his client," whether his cause be just or unjust. The only end he has in view is to win the case, to do which he is justified in suppressing or discounting the facts on the other side. If he prosecutes, his object is to hang the prisoner—innocent or guilty. If he is on the defence, then the prisoner must be cleared, though not a doubt exists as to his guilt. No man can enter a chancery suit with a reasonable hope of being alive when a final decision is reached, if he has a determined adversary.

The medical profession, perhaps more than any other, is interwoven with the misfortunes of mankind. The pecuniary feature of medical practice is associated with disease, not with health. Old school physic has a similar stake in disease that the law has in private and public disagreements and quarrels. Neither war, law nor medicine will waive pecuniary interest, office or power to mitigate human suffering, but in furtherance of these interests they would not hesitate to lay waste the fairest fields that industry and thrift ever conquered from rude nature.

Dr. Pickering (New School), who has fought the vaccinators the last thirty years, and who knows the fraternity better than almost any other writer, says in preface to his large work:

"Vaccination with the faculty is purely a money question.

I shall drive this nail home at every point; it is the bone and sinew of the practice. Every argument employed, every statistic requisitioned, finds its inspiration in the money value of the observance. There is no craze so absurd that it could not be legalized with the aid of similar endowments pains, and penalties.

"If the faculty deny the charge I make, then I challenge them to surrender the public monies and grants they receive, and to let vaccination stand or fall on its own merits. They know too well the truth of what I allege. If vaccination were left to fight its own way in the world it would die of 'atrophy and debility' within a twelvemonth—and medical men know it—hence it is not very likely they will trust their craft to the perils of an open sea."

Walking out one morning in the city of Leeds, Dr. Pickering met a physician with whom he was well acquainted. Personally this doctor possessed the virtues and sympathies of a kind-hearted man, but professionally his actions conformed to the current methods in business affairs. When passed on the pecuniary side of vaccination, the physician observed:—

"It is absurd saying that medical men have no money interest in vaccination. Let both parties discuss the subject honestly. Lately I was requested by letter to re-vaccinate the girls in a ladies' seminary where a limited number only are under tuition. I was occupied less than an hour. Every one was prepared for the operation at the time I called. I took home with me ten guineas—20 at 10s. 6d. fee for each pupil. Can I conscientiously say that I have no pecuniary interest in vaccination? The thing is absurd. I hate "cant." There are public vaccinators who earn £100 per annum by vaccination under the Local Boards of Guardians, in addition to that they may obtain a bonus of £100 to £300 a year for supplying charged vaccination points to the authorities, and they may further gain £50 or

£100 a year by private vaccinations. Have these men no pecuniary interest to subserve? If the vaccination question is to be thrashed out, by all means let it be done on fair principles. I admit, I must admit that medical men have a strong pecuniary interest in vaccination and that this interest is a factor in determining the retention or surrender of the observance."—"Sanitation or Vaccination," p. 44.

"I emphatically assert that the money product is the common sense definition of vaccination; it is not susceptible of any other interpretation, and it accounts fully for all the efforts put forth by the faculty, or rather the medical officers of the Local Government Board, to retain it. The money value of vaccination is its only value. It never had any other appraisement."

Dr. James Braithwaite, editor of the "Retrospect of Medicine," wrote in 1872:—"As for the faculty, what I say for myself I say for each one—vaccination is viewed by us as a thing to be done; it is a law, and we carry it out without making many serious injuries. We do not admit responsibility for the legal enactment."—(Pickering, p. 30.)

Neither does the lawyer admit responsibility when using his legal art and subtlety to defeat the ends of justice; nor does the army scout admit responsibility when he succeeds in inveigling the enemy upon the mine prepared for his destruction. Certainly, this admission of Dr. Braithwaite illustrates and supports my contention, that few people in our modern life—especially in a professional capacity—act with a sense of personal responsibility in the prosecution of their calling, any further than the efficiency required for success. If their acts involve suffering, they do not consider it any affair of theirs. Their conscience is not troubled.

The profession find it far easier to conserve and defend a "good thing" like vaccination, than to let that go and adopt some other form of blood poisoning. Letting go of "inoculation" and substituting therefor vaccination, cost much labor and time and money. Experience has taught the profession wisdom in matters relating to vaccination as a business enterprise, since this is the only business firm in this country which has state endorsement to the extent of compeling the people to buy their goods. In England the vaccinator's annual bonuses amount to $100,000, and their doles through Boards of Guardians to $500,000. But their various benefactions, of which no account is taken, is estimated to reach $10,000,000 a year. The profession will hardly consent to part with a friend like that.

The old school doctors, with their vaccine virus and false promises have robbed the people of all nations during the last hundred years—civilized and uncivilized—to the extent of hundreds of millions of dollars, and what have they given them in return? A long catalogue of filthy, loathsome and incurable diseases among the poorer classes of civilized nations, and a wholesale spread of eczema, syphilis, and leprosy among the native races in tropical lands, by which they are rapidly verging toward final extinction; and this under the pretense of "protecting people who are too ignorant to protect themselves." There is no cunning, no infernal device, no infamous craft, no false array of statistics they have not put under contribution in their efforts to conceal the real truth from the government and the people. They well know their practice has not the valid warrant of science. They know that the introduction of putrifying animal tissue into the delicate blood vessels of a human being is an operation against which not only psychic science, but the instincts of humanity revolt and for which every victim is liable to pay a fearful penalty.

"Some two years since a retired officer, lately holding an important appointment in the Queen's army, took his son to a well-known surgeon in London for his opinion as to certain symptoms which affected the youth's health. The father is a staunch advocate of non-vaccination views and loses no opportunity of improving his knowledge. As he was leaving the consulting-room he turned to the surgeon and inquired, 'Doctor may I ask, are you opposed to vaccination?' 'No,' the doctor replied, 'I should think not, indeed, when I consider that it brings me in £400 a year.' Four hundred pounds a year from surgical cases due to complications following the vaccine fever which Jenner called 'vaccination.' 'This fever runs its course.' And you answer, 'Yes, for eight days.' Aye, and sometimes for 80 and 800 days after that, and occasionally it accompanies each heart-beat till that poor heart ceases its beating. I have seen many such instances. My third illustration is an example—the disease communicated with the vaccine virus 'ran its course' for 5,000 days, only killing its victim after nearly twelve years of cruel suffering.

"If one surgeon in London estimates that his income from his practice is increased by £400 every year, dependant upon vaccination, it would be an interesting statistic if we could ascertain how many surgeons there are in London, and throughout the country, who derive similar advantages 'from public and private vaccination!"—Dr. Pickering, p. 338.

The annual revenue from vaccination in India, South Africa and British West Indies, where the practice is enforced by compulsory laws, must be much greater than that derived in England. So far as the United States are concerned, I have no present access to information on this point, but the annual revenue from vaccination, and for treatment of diseases incidentally growing out of the practice, certainly mounts up into the millions, and from a business point of view, constitutes one of the most lucrative branches of medical practice.

THE ROYAL COMMISSION AGAIN.

The appointment of a royal commission on Vaccination and Parliament (1889) has played so important a part in discussions of the subject, in England, upon the continent, and in the United States, that the reader will pardon some further comments on its appointment and proceedings.

While this commission was appointed to silence popular clamor, yet that portion of the public who protested against compulsory laws, had no voice in selecting members who were to compose it. It was appointed to shelve a troublesome subject, and provide a way to dispose of the interminable series of questions which came before Parliament as to the administration of vaccination laws. Its appointment was wholly in the hands of those who had an interest and stake in the practice. Medical men were represented on the Commission by six to one in favor of vaccination. Of the eight laymen appointed, none of them has expressed a definite opinion on the subject, but as might have been expected, these naturally deferred to the medical experts upon a subject so largely medical in its character.

Suppose a municipality, like Chicago, should appoint a Commission to enquire into the fouling of Chicago River by the manufacturing industries, and the appointing power—which the people have no direct voice in—should select six to one from the very manufacturers who are perpetrating the evil complained of, to sit on the Commission. The people would justly conclude that this farce of a Commission was merely a "sop" to silence their murmurings, while the nuisance would be in no wise abated as a result of the Commission's findings. For a similar reason the medical profession had no occasion to fear a final report at the Royal Commission. In theory we do not allow a magistrate having a large property interest in public houses to adjudicate licenses; nor one who has railway shares to sit on Railway Committees. But when the people want to know the truth about vaccination; how it may affect their households; what protection may be expected and what dangers may be feared from a practice to which the law compels them to submit, this commonsense rule is reversed: The doctors have their own way: They appoint themselves to adjudicate the momentous issue.

"A Commission or committee of enquiry into this momentous question should have consisted wholly, or almost wholly, of statisticians, who should hear medical as well as official and independent evidence, would have all existing official statistics at their command, and would be able to tell us, with some show of authority, exactly what the figures proved, and what they only rendered probable on one side and on the other. But instead of such a body of experts, the Royal Commission, which for more than six years was occupied in hearing evidence and cross-examining witnesses, consisted wholly of medical men, lawyers, politicians, and country gentlemen, none of whom were trained statisticians, while the majority came to the enquiry more or less prejudiced in favor of vaccination. The report of such a body can have but little value, and I hope to satisfy my readers that it (the Majority Report) is not in accordance with the facts."—Prof. A. R. Wallace—Wonderful Cen. p. 235.

In their eagerness—as interested parties—to defend vaccination as the sole protection and safeguard against small-pox, this Royal Commission totally ignores all other forms of liability, as age, over-crowding, poverty, notoriously unsanitary conditions, etc. The distinctions of rich and poor, or of cleanliness and filth they never notice. Vaccination alone is the qualifying factor. The Commissioners say: "Those, therefore, who are selected as being vaccinated persons might just as well be so many persons chosen out of the total number attacked. So far as any connection with the incidence of, or the mortality from, small-pox is concerned, the choice of persons might as well have been made according to the color of the clothes they wore." (Final Report, par. 213). Now, there are extant exhaustive statistical tables which show that about one-seventh of all small-pox mortality occur in the first six months of life, and more than half of these again occurs in the first three months. Small-pox is especially a childhood disease, infants being far more liable to it than the adult population. Many children have their vaccination delayed on account of ill-health. Hence the "unvaccinated" always include a large proportion of those who, merely because they are infants, supply a much larger proportion of deaths from small-pox than at any other age. How inaccurate and misleading, therefore, the statement of the Commissioners, that the unvaccinated might as well be chosen at random, or by the color of their clothes, as far as any liability to small-pox is concerned.

Again, any man with a grain of commonsense and a scintilla of conscience knows, that independent of the question of vaccination, the liability to an attack of small-pox is vastly increased by bad habits and unsanitary surroundings. Take the epidemic of Gloucester in 1895-6. Divide the city by a line running east and west through St. Michael's Square, into the clean, well-to-do northern quarter, and the South Hamlet which is crowded, poor, filthy, extremely deficient in water supply, and most abominable in its drainage. Would not any unprejudiced medical man say that the chances for taking the small-pox were increased tenfold in this Drouth District? What were the facts? As we saw in a previous chapter, both quarters were about equally vaccinated. The northen half had the largest population; yet the number of fatal cases in the South Hamlet were 2,036, while those in the North District were 214,—ninety per cent of the fatality fell in the crowded, filthy and unsanitary quarter of the City. The most of these, too, had been vaccinated. These facts were before the Commission, but were considered by them too trivial and unimportant to even mention. Well, the medical members ot the Commission were the "attorneys" on the defense, and saw only what would contribute to the acquittal of the accused.

In their examination of evidence, the Commission treated witnesses whom they knew to be opposed to vaccination very much as President McKinley's Commission on the army beef scandal treated all witnesses who complained of its bad quality. The policy was to worry, badger, harass, and if possible, render the testimony contradictory and worthless. The work of the Commission was an enquiry which it was desirable the public should follow from day to day, yet the majority decided its proceedings should be conducted with closed doors—mark this closed doors—and so its hundreds of columns of printed matter was sequestered in the Parliamentary Blue Books which none but students and professional men ever examine. In this way, the general public, which should have been instructed regarding the practical workings of vaccination throughout the Kingdom, were not a whit better enlightened than they were before.

But the accumulating wrath of the people might in some degree be appeased. The Commission in their Final Report, while they acquitted vaccination and hesitatingly voted to retain it, conceded the propriety of a "Conscience Clause" to be inserted in the Compulsory Vaccination Act. In the United States we have not even secured that; and although the State Supreme Court in several States have decided compulsory vaccination to violate both State and Federal constitutions, yet State and Municipal Boards continue to close the Public Schools to unvaccinated children, whose parents refuse to obey the pseudo-vaccination laws. Oh, for a little of that spinal stiffening—that stalwart spirit of liberty which actuated our forefathers in 1776, to infuse into the weak-kneed house-dawn of a new century; the rank and file of our American citizenship; the feeble folk whose once vigorous young sap has been contaminated, poisoned, and rendered well-nigh worthless by a century of vaccination!

MISSTATING FIGURES.

A vast amount of misconception has arisen in the public mind from the unfair and misleading manner in which vaccination promoters, and physicians who have a pecuniary interest in vaccination, handle facts, and figures. From the first the National Vaccine Establishment of Great Britain has exhibited the usual traits which characterize a heartless, soulless corporation. Supported by Government grants, it has issued periodical reports which were printed by order of the House of Commons. In 1812 and again in 1818 it was stated: "Previous to the discovery of vaccination the average number of deaths by small-pox with the (London) Bills of Mortality were 2,000 annually, whereas, in the last year 751 persons have died of the disease." Again, in 1826, the report stated: "But when we reflect that before the introduction of vaccination the average deaths from small-pox within the Bills of Mortality (London) was annually about 4,000, no stronger argument can reasonably be demanded in favor of the value of this important discovery."

This malicious, misleading, and grossly exaggerated figure was repeated in 1834; and then again in 1836 there was added another thousand thus: "The annual loss of life by small-pox in the metropolis and within the Bills of Mortality only, before vaccination was established, exceeded 5,000, whereas in the course of last year only 300 died of the distemper." In 1838 this lie—this doctor's lie—was again repeated; and this sort of advertising by the medical profession was sanctioned and paid for by the Government. A patent medicine vender has to pay for his own advertising and depend on the good will of the public for the disposal of his wares; but the government has adopted a system of "paternalism" toward the vaccinator unheard of before, giving him offices and salaries, advertising his goods, and guaranteeing their prompt and ready sale by compelling every house-holder to become a purchaser. We should not be surprised to see some heavy twisting, turning, and pettifogging to retain a sysem that can boast such unparalleled backing and Government guarantees as vaccination.

Now, 2,000 was the average annual small-pox mortality in London for the whole of the eighteenth century. So the number in the alleged fact is multiplied by two, plus one thousand; while the misleading features of the report is, "Whereas in the course of last year only 300 died of the distemper;" leaving the inference that as 300 is to 5,000, so is the average annual difference that should be set down to the credit of vaccination. No regard is here paid to the epidemic and periodical character of small-pox—to the fact that a series of years intervene between the periods when small-pox becomes epidemic, when the small-pox mortality reaches but a few hundred annually. But as a sort of rebuke and masterly irony on the last lie above cited, immediately after the report was published, small-pox broke out in vaccinated London with epidemic violence, and carried their boasted figure up from 300 to 4,500. This was the London epidemic of 1838. Vaccinationists for a time, at least, were ashamed of their misstatements.

Again, Dr. Letson—a public vaccinator—testified before the Parliamentary Commission in 1802, that before vaccination the annual small-pox fatality in London was 3,000, and in Great Britain and Ireland 36,000. In this way: The population of Britain and Ireland was estimated to be twelve times greater than that of London. Assuming small-pox fatality to be 3,000 in London, he multiplied by 12—36,000. He first takes the London death rate for small-pox at one thousand above its average, and then assumes that the town, village, and country populations have the same proportional amount of small-pox as over-crowded and superlative filthy London. We have here once more illustrated the fact that the vaccinating syndicate, from the Royal Commission down to the scrub-doctor, totally ignore sanitation and every species of personal habit and environment as factors concerned in the relative liability to contract small-pox. The whole question is made to turn on the vaccinated and unvaccinated. Sir Gilman Blanc tells us that in many parts of the country small-pox was "quite unknown for periods of twenty, thirty, and forty years." In 1782 a surgeon at Seaford, in Sussex, knew of only one small-pox death in eleven years. Hence, to compute the small pox fatality of the country from that of London in order to show what vaccination had done toward "utterly stamping out the disease," is, to say the least, a species of dishonest, if not disgraceful, pettifogging.

Dr. W. B. Carpenter—author of a well-known work on physiology, but whose word no literary man in England could be induced to swear by—in a letter to the "Spectator" of April, 1881, says: "A hundred years ago the Small-pox fatality of London alone, with its then population of under a million, was often greater in a six months' epidemic than that of the twenty million of England and Wales now is in any whole year." Now the facts, known to every well-informed enquirer, are,—that the highest small-pox mortality in London in any single year, for twenty years before vaccination came into vogue, was in 1772, when it reached 3,992; while in the London epidemic in 1871 it reached 7,912—in a thoroughly vaccinated population. (See Won. Cen. p. 226.) I have good authority that this amazing mistake was pointed out to Dr. Carpenter and acknowledged by him privately, but it was never withdrawn publicly.

Mr. Earnest Hart, editor of the "British Medical Journal," in his work, "The Truth About Vaccination," p. 35, states that in forty years from 1728 the average small-pox mortality for London was 18,000 per million living, which was the correct figure multiplied by nine, and this was triumphantly dwelt upon and compared with modern rates, which vaccination has reduced to a minimum. Then the local Government Board has authorized, published and distributed in thousands of families, such statements as the following: "Before the introduction of vaccination, small-pox killed 40,000 persons annually in this country. This was in 1884. In later issues of this tract the language is slightly modified: "Before its discovery (vaccination) the mortality from small-pox in London was forty times greater than it is now."

It is such "official" figures, such demonstrations of moral dishonesty as I have here cited, that our local lilliputíon doctors draw upon when they get down off their professional stilts to demolish the "erroneous" statments of Anti-Vaccinators.

FALSE MEDICAL RETURNS.

It is no uncommon thing to hear a public vaccinator assert that his practice has extended through a series of years; that he has vaccinated a certain number of thousands, and has never seen the slightest evil results therefrom. Interested men have wonderful power and aptness of not seeing what they have decided should not interfere with their business. One need not see the sun while he resolutely shuts his eyes. Public vaccinators, it is true, do not see the result except by accident. Those who get small-pox go to the hospital, and cases of vaccinal injury are usually treated by other physicians. The vaccinator goes his way and is never interested in the results of his practice. Medical men, like other men, have a habit of covering up and prevaricating when the facts look ugly. The end in view is the important matter, means are secondary and subservient. In strategy, a lie generally serves the end more effectively, than does the truth.

Prof. Wallace—"Wonderful Century," p. 228—gives a list of 785 deaths in fifteen years directly traceable to vaccination, yet which were officially returned as deaths from erysipelas.

But now and then we find a public vaccinator with a spark of conscience left. Dr. Henry May, in an article published in the Birmingham "Medical Review," January, 1874, says:

"In certificates given by us voluntarily, and to which the public have access, it is scarcely to be expected that a medical man will give opinions which may tell against or reflect upon himself in any way, or which are likely to cause annoyance or injury to the survivors. In such cases he will most likely tell the truth, but not the whole truth, and assign some prominent symptom of the disease as the cause of death. As instances of cases which may tell against the medical man himself, I will mention erysipelas from vaccination, and puerperal fever. A death from the first cause occurred not long ago in my practice, and although I had not vaccinated the child, yet in my desire to preserve vaccination from reproach, I omitted all mention of it from my certificate of death."

While there may be many, here was certainly one honest, conscientious doctor. The omen is a good one. The millenium must be at our doors!

That this style of suppression has been going on during the whole period of the vaccine practice, is rendered more than probable by the statement of Dr. Maslean, who says: "Very few deaths from cow-pox appear in the Bills of Mortality, owing to the means which have been used to suppress a knowledge of them. Neither were deaths, diseases, and failures transmitted in great abundance from the country, not because they did not happen, but because some petitioners were interested in not seeing them, and others who did see them were afraid of announcing what they knew."—Quoted by Dr. Wallace (Won. Cen. p. 229).

Dr. Charles Fox, of Cardiff, published 56 cases of vaccinal injury, 17 of which resulted fatally; but in the medical returns only two were mentioned in connection with vaccination. Among those which survived, some were permanently injured, and others were crippled for life. The sufferings of some of the children were so great and so prolonged that their mothers were obliged to endure mental tortures for years on their account. And this is the account of only one medical man. If all the medical men, in all the civilized coutries of the earth, should by some inscrutable providence go to the confessional and make a full disclosure of things they now declare they have not seen, we should then have something of a picture—a genuine picture—of the cost price of the disease and suffering occasioned by a century of vacccination; a picture of the ruined temples which God made divinely fair; of native races in tropical lands verging toward extinction with the curse of scrofula, syphilis, and leprosy, which the vaccinator has sown broadcast among them.

Mr. Alfred Milnes, a statistician who has paid special attention to this subject, expresses the deliberate opinion, that if the officially admitted deaths were multiplied by twelve, it would come much nearer representing the actual number of deaths resulting from vaccination. After a most thorough review of the misstatements, special pleading, and deliberate falsifying by the medical profession, Professor Wallace sums up the case against them:

> "The facts and figures of the medical profession and of Government officials, in regard to the question of vaccination, must never be accepted without verification. And when we consider that these misstatements, and concealments, and denials of injury, have been going on throughout the whole of the century; that penal legislation has been founded on them; that homes of the poor have been broken up; that thousands have been harried by police and magistrates, have been imprisoned and treated in every way as felons; and that, at the rate now officially admitted, a thousand children have been certainly killed by vaccination during the last twenty years, and an unknown but probably much larger number injured for life, we are driven to the conclusion that those responsible for these reckless misstatements and their terrible results have, thoughtlessly and ignorantly, but none the less certainly, been guilty of a crime—a terrible crime—against liberty, against health, and against humanity, which will, before many years have

passed, be universally held to be one of the foulest blots on the civilization of the nineteenth century."

—The Wonderful Century, p. 232.

In notes on the Small-pox Epidemic at Birkenhead, 1877, (p. 7), Dr. F. Vacher says: "Those entered as not vaccinated were admittedly unvaccinated or without the faintest mark. The mere assertion of patients or their friends that they were vaccinated counted for nothing." Another medical practitioner justifies this method of making statistics as follows: "I have always classed those as 'unvaccinated,' when no scar, presumably arising from vaccination, could be discovered. Individuals are constantly seen who state that they have been vaccinated, but upon whom no cicatrices can be traced. In a prognostic and a statistic point of view, it is better, and I think, necessary, to class them as unvaccinated."

—Dr. Gayton's Report for the Homerton Hospital for 1871-2-3.

This method, which is so general as to be well nigh universal, is such a falsification of the real facts as to render them worthless for statistical purposes, and bears out Prof. Wallace's contention that "there is much evidence to show that doctors are bad statisticians, and have a special faculty for misstating figures."

"I know one gentleman, a manufacturer in Lancashire, who has a family of 13 children, not one of them has been vaccinated, and a certificate of successful vaccination was handed in to the authorities in proper form, and within the prescribed period after the birth of each child. 'How can that be?' do you ask? Ah, the ways of the vaccinator are past finding out. 'Do you mean to infer that the medical men signed those certificates knowing them to be false?' Do not repeat that question I implore you, lest I should say, 'Yes, I do!'

* * * *

"I am acquainted with a physician in a northern town, one who is honored with a government appointment. I hold a letter from him in my hand now, dated Dec. 3, 1889, who says that, 'whilst in practice in London I frequently filled up death certificates of children as Marasmus, Debility, etc., when I felt perfectly certain that such cases of wasting and debility in delicate children had been induced by vaccination,—or, aggravated by vaccination."

—Pickering's Sanitation or Vaccination, p. 165.

"When I know that the deaths from atrophy and debility, diarrhoea, and convulsions, a total of 54,344 deaths annually, are wrongly certified; that they are symptomatic, not caustive, I am justified in saying that the whole system of registration and certification requires to be remodelled and reformed. Medicine will never reform itself. Certification should be in the hands of an independent authority.

"Again, when I contemplate the resources of infection in its power to spread epidemic and fever miasmata all around, and know, at the same time,, that all fever contagiousness given off by the patient is the result of bald-headed ignorance in the treatment, I am not surprised that Medicine should seek to hide some death causes under misleading symptoms, and that a continued warfare should be kept up between itself and the other three rival systems, all of which are immeasurably in advance of Allopathic practice."

—Ibed, p. 194.

"Within the last four or five years the mortality from typhus has dropped from 7,000 to 300 and 160. This is to be accounted for by the fact of some sudden eruption, or instruction, either from the Registration Department, or from the Royal College of Physicians. It is not claimed to be in consequence of the discovery of some andidote, or some violent national expenditude, counteracting the conditions which give rise to this fever. No, it is too sudden to be real. It is, on the whole, entirely a change in certification. Instead of being found under the heading 'Typhus,' the deaths have been transferred, I should say, by authority, to other death-causes which are similar or symptomatic. It was necessary to show a change somewhere in the dull, continuous, mortality from fevers, and typhus was selected. Fashion rules even in certification. Query, Is it fashion?

"Sanitarians know that typhus has not much chance of ever becoming epidemic again.

"We still have epidemics, plenty of them, such as phthisis, bronchitis, pneumonia, atrophy, diarrhoea convulsions, other diseases of circulatory system, cancer, etc.; but these are quiet and permanent epidemics, they come and go without observation, Death retains his power and popularity, and as he conducts his victims off the stage, he saunters on with discursive step to mark his contempt for the impotency of physic."—Ibid, p. 213.

DECADENCE OF OLD SCHOOL CONSERVATIVE DOCTORS.

The startling assertion is made by an expert in inebriety in a paper read before the Connecticut Medical Association, that morphinism is being spead among the people of the United States by the example and advice of medical men themselves, ten per cent. of whom are now opium drunkards. The assertions and deductions of the author, Dr. T. I. Crothers, of Hartford, and thus summarized in the Memphis "Appeal." (Dec. 4, 1899):

"According to Dr. Crothers, twenty-one per cent.—or one in five—of the physicians of the Middle and Eastern States use spirits or opium to excess; and he concludes that from six to ten per cent. of all medical men are opium inebriates. It is estimated that there are 150,000 opiumists in the United States; and this fact in connection with the prevalence of the opium or morphine habit among doctors presents one of the greatest problems for solution before the American people. It would seem a fair inference that the responsibility for the spread of morphinism among the people rests largely with those doctors who are addicted to its use. It would never occur to an uninformed person to contract the opium habit. This can only come from example or from constant prescription by a doctor, and if the latter is addicted to the use of the drug he is more apt to be reckless in prescribing it. Thus the spread of the habit is no doubt largely due to that part of the profession which has become cursed with morphinism. Physicians have the reputation of being very strict in the observance of the etiquette of the profession, and very rigorous in their hostility against the quacks, whose capacity of harm is readily understood. Certainly then it would seem that the medical profession ought to protect itself as well as the people at large from the opiumists among the doctors. Unless something is done to stop the growth of inebriety in its various forms among physicians, it may be necessary to invoke the aid of the law, and have doctors examined once a year to ascertain whether they are addicted to any of the habits which are so utterly incompatible with the proper discharge of their professional duties. There is no calling which makes such a demand for a clear head and a steady hand as that of the doctor."

If the bad habit could be confined to the old-style drug doctors, the public might in the end be the gainer; but since every doctor who is an opium fiend will be instrumental in fastening the habit on scores of his patients, he thus becomes a "center of contagion," from which the curse will spread and ramify through society. At least nine-tenths of the opium, the morphine disease, with much of the drunkenness in this country is directly traceable to practicing physicians. Whom could the world spare better than the old-school drastic-drug doctor?

MORE LOCAL TESTIMONIES.

J. W. Hodge, M. D., at Niagara Falls, N. Y., contributes a vigorous paper on vaccination to "Light of Truth," published in its issue of September 16th, 1899, from which I extract the following:

"To affirm that there never has been any scientific warranty for a belief in the alleged protective virtues of vaccination and that its practice is backed by ignorance and indifference, is a sorry charge to make against the medical profession at the close of the nineteenth century; but the charge, I regret to say, is only too true. I know whereof I affirm, for I, too, must plead guilty to the charge. Before discovering my mistake I had vaccinated more than 3,000 victims, ignorantly supposing the disease I was propagating to be a preventative of small-pox. Having taken for granted what my teachers had asserted, I was a staunch believer in the alleged efficacy of vaccination as a prophylactic against small-pox. I remained in this blind and blissful state of ignorance for several years, and not until I acquired a little experience in the school of observation and reflection did I discover my faith was pinned to a shameful fraud. The first real eye-opener I received upon the subject was in the year 1882, while practicing my profession in the city of Lockport. At that time small-pox made its appearance in this city and soon attained the proportions of an epidemic. At the outbreak of the disease general vaccination was ordered by the department of health and the writer was officially appointed public vaccinator. My duty was to go from house to house and vaccinate all persons who could not present vaccination scars on their bodies, and to re-vaccinate all those who could not give assurance of having been vaccinated within a period of two years. Just before and during the prevalence of this epidemic I operated upon nearly 3,000 victims, using the so-called 'pure calf lymph' obtained every third day 'fresh' from the vaccine farm of the New York city board of health. Much to the disgust of the people, and more to my own surprise and chagrin, I was confronted with a large number of cases of vaccinal erysipelas, as well as several cases of phlegmonous axillary abscesses following as results of my work. One death occurred from blood poisoning, the result of vaccination. This was not all. A number of those vaccinated were attacked with confluent small-pox at periods varying from twelve days to three weeks, after having been rendered 'immune' by cowpox.

"These astounding facts, so contrary to my preconceived notions about vaccination and small-pox I was unable to account for, and they worried me not a little, as I was unable to see where the 'protection' came in.

"With Pascal, 'I considered the affirmation of facts as more powerful than the assertions of men,' and began a careful study of the relations existing between small-pox and vaccination, with the ultimate result that I was forced to entirely abandon all faith in the medical dogma of vaccinal protection against small-pox. During the epidemic I had under inspection 28 small-pox patients, all of whom, with one exception, (a very mild case), had been 'successfully vaccinated,' as attested by vaccinal scars on their bodies. Several of these patients have been revaccinated before contracting the disease. Thus was I forced through the stern logic of disagreeable facts to the unwelcome conclusion that vaccination had not 'protected' these victims of small-pox.

"After the remarkable revelations of this dismal experience had dawned upon me I determined to make a careful study of the literature on small-pox and vaccination, and accordingly procured all the works I could find on these topics. After a thorough investigation of the statistics of small-pox epidemiology collected from various parts of the world, I was treated to another great surprise, namely, the world's greatest statisticians on small-pox and vaccination fully corroborated the experience that I had met in the Lockport epidemic. Previous to this disappointing experience I had read only orthodox literature as is usually found in the medical libraries of physicians. I had heard only the exparte testimony of the provaccinists. I knew (?) but one side of the question, and was like him of whom John Stuart Mill said: 'He who knows only his own side of the case knows little of that.' After a careful study of the history of vaccination and an extensive experience in its use, I am thoroughly convinced that it is utterly useless as a preventive against small-pox, that millions of vaccinated persons have died of small-pox—that the practice of this degrading rite is enforced by doctors as a dogma without being understood. That like that other infamous dogma (inoculation) it is only good for 'fees." That inoculation was unanimously believed in and practiced by the 'regular' doctors for 100 years in multiplying small-pox cases by spreading the contagion. That small-pox epidemics were checked by the cessation of inoculation, not by the introduction of vaccination. That small-pox continued to increase under vaccination until sanitation came into more general use. That sanitation and isolation have controlled small-pox, and vaccination has claimed the credit.

That vaccination protects from small-pox only by killing the persons 'protected." That vaccination has been the means of disseminating consumption, cancer, syphilis and many other fatal and loathsome diseases. . That consumption follows in the footsteps of vaccination as directly as an effect can follow a cause. That tuberculosis is a disease common to cattle and to human beings, and has frequently been conveyed by vaccination from the former to the latter. That Edward Jenner saddled a legacy of disease and death on the human race and incidentally made $150,000 by the transaction. That many doctors and some editors are making money by propagating this curse. That vaccination is called 'successful' when it makes a healthy person diseased. That disease as the result of vaccination is the legitimate harvest from the seed sown. That vaccination has no scientific basis upon which to rest its claims and no analogy in any ascertained principle or law in nature. That 'spontaneous cow-pox' is a myth, the disease so-called being tubercular or syphilitic in its nature. That when vaccination kills its victims the facts are suppressed and health (?) boards return death certificates so made out. That compulsory vaccination has recently been abolished in England and Switzerland, while laws sanctioning this crime still disgrace the statute books of 'free' America. That vaccination is one of the foulest blots on the escutcheon of the 'noble art of healing.'" A portion of the above article appears in a previous page of this volume; but this vaccination subject, so notorious in results, deserves line upon line of condemnation.

Prof. Thomas D. Wood, of the Stanford University, recently said in a lecture:

"Tuberculosis bacilli is a rod-shaped plant, the 1-5000th part of an inch in length. It is a parasite on animals, and does not exist outside of the warm-blooded animals. It will penetrate almost every tissue of human beings or of animals. It will die at 175 degrees Fah., may be killed in sunshine, and objects to the air. It may be killed by certain forms of chemistry, but it cannot be frozen. It hibernates, too; dries up, remains quiescent on your mantel, awaiting to be taken into the system, Consumption has been developed in the human system by occupying rooms in which no consumptive had lived for five years. It effects human beings, especially when crowded together in large cities of big buildings. It is partial to the domesticated animals, but rarely attacks the horse, and more rarely the dog. Swine are most affected. Next to these are cows and heifers."

Now mark—tuberculosis in cows and heifers; and from these we get the cow-pox lymph which vaccinationists thrust into human arms, which is tantamount to inocculating them with consumption or tuberculosis tendencies. It is generally admitted that both consumption and cancers have increased in the world since the introduction of Jenner's cow pox system.

It is said that these heifers are entirely healthy. How do you know? Did the officials look at their tongues and feel of the pulse? Cows, heifers are dumb. They can not tell you whether they have a kidney complaint, or indigestion, or any other disease. And then—think of it—they take supposed healthy heifers from the fields, confine them in 'sterilized stables' (a phrase used by a San Diego doctor), rope them, throw them, shave their abdomens, puncture this portion of the hairless body with 'small-pox pustular poison,' and then watch the irritation, watch the animal's thirst, the increasing inflammation up to the point of puss-rottening—and now call the brute healthy, do you? Would you consider your own body healthy if half covered with inflamed pustules and discharging sores? Then watch the applied clamps as they squeeze out the putrid, mucus-like pus, mingled with a little of the animal's inflamed blood, to be manipulated into 'pus-lymph'—rather impure poison!

WHY NOT HAVE A LITTLE PURE CATARRH LYMPH?

"How would it do to take catarrh mucus from the nose of some otherwise healthy young lady and manipulating it up to the point of pure catarrh lymph, introduce it compulsorily into the school children's arms as a preventive, say against the grip, erysipelas, or some kind of eczema?

"These half-fledged medical scientists forget, however, that a heifer may have the germs of tuberculosis or some other malady in its blood before such disease is visible in its tissues, or before it could be detected by a postmortem examination. Indeed, the opinion of eminent chemists is that whatever lurking and latent disease there may be in a heifer, is drawn out by the violent poisoning to which a small-pox inoculated animal is subject and that it commingles with the so-called 'pure pus' which is squeezed out of the poor creatures' 'running sores!"—J. M. P. in San Diego Daily Sun.

Here is a sample of the practical working of this "specially prepared," "pure" vaccine matter—some that was guaranteed to have been secured by the latest and most improved methods. In the early part of 1894, the Iowa State Board of Health sent out a decree that all the school children in the state should be vaccinated and amongst the other children so maltreated was little Alma O. Peihn, daughter of L. H .Peihn, president of the First National Bank of Nora Springs—a beautiful little girl six years of age and unusually healthy. Shortly after her vaccination with this "pure" pus, her arm swelled and became inflamed and was soon covered with black spots. No pains or expense was spared to give her the best medical attention, but all to no purpose. In a few days her whole body was covered with similar spots; then they became putrid and loathsome sores, and in less than a week thereafter her sufferings were ended by death. The doctor who performed the operation, probably, in all his practice extending to thousands of cases, "never saw a case of vaccinal injury follow vaccination."

Early in 1899, a whole family in New York contracted syphilis from vaccination. The St. Louis "Medical Gazette" says:

"The New York 'Medical Journal' of March 26th last, records an epidemic of syphilis in which the disease was introduced into the family, according to the history, by vaccination, and in which every member of the family of eight was ultimately infected. The first case was a child of two years; then the mother, aged 32; then two girls aged 9 and 14 respectively; then a boy of 4; then a girl of 7, and then a nursling, aged 6 months. The father escaped until the last, but late in the spring he came to the clinic with a characteristic eruption, alopecia, etc. The cases were all severe. There were several irites, all had obstinate and some very extensive mucous patches, and the two-year-old child had syphilis pneumonia. The site of inoculation was discoverable in two cases only, probably on account of the lateness and irregularity with which patients were brought to the clinic. In the other it was upon the center of the cheek, and in one girl it was upon the eyelid."

The Board of Health, of Winona, Minn., made a vaccination order and furnished vaccine virus to the surgeons. P. Von Lackum was appointed vaccinator for the Third district. After the epidemic had subsided he returned the virus which had been furnished him and proved he had used pure cream instead. He also showed that his district did not have a single case of small-pox, and that the general health was good, while in the other districts there were many cases of small-pox and much sickness and many deaths. This occurred in 1873. Until the detestable compulsory law is repealed, we will pray that the "Von Lackum's" will multiply in the land.

I presume I may be excused if I refer to the City of Leicester once more. It is the city of standing reference with Anti-Vacccinators. It is the champion city in the world for its successful and practical protest against compulsory vaccination and in finding a better way. For the sake of once more reasserting its position, a member of its Board of Guardians last year moved "that this Board resolve to continue the policy of the three previous Boards in not instituting proceedings against parents under the vaccination act." This was adopted by forty yeas—no nays. This means that Leicester has tried ignoring vaccination and is abundantly satisfied with the result, not by a majority merely, but unanimously. We saw in a preceding chapter that Leicester's Board of Guardians has been elected for many years by a unanimous anti-vaccine constituency. That city will always be accorded the proud position of having held the foremost place in the agitation against compulsory vaccination, and especially for havng risen en-masse in open defiance of the vaccination act. It has a noble record of sacrifice and labor, its protesting citizens having paid over $100,000 in fines for refusing to submit to vaccination. Over 7,000 cases have been brought before the magistrates. The cost and loss of time exclusive of fines represent a sum equal to $50,000. Seventy persons have been sent to prison for "conscience sake."

For over twenty years Leicester has made a specialty of sanitation, and has practically demonstrated the fact for the whole world, that to be free from small-pox, and all other filth disease, the person, the house, the street must be clean. This is their form of prevention; this their secret of safety. Walt Whitman must have had some such city in mind when he wrote:

"Where no monuments exist to heroes, but in the common
words and deeds,
Where thrift is in its place, and prudence is in its place,
Where the men and women think lightly of the laws,
Where the slave ceases, and the master of the slave ceases,
Where the populace arise at once against the never ending
audacity of elected persons."

The Atlanta Constitution, a vigorous broad-minded Southern Journal, recently had the following:

"At Americus (Ga) several Christian Scientists, who refused to be vaccinated, were sentenced to an imprisonment for thirty days, and a fine of $15.

"This in free America, sounds like autocratic rule in Russia, or the semi-barbaric methods of China. The despatches tell us that many of those thus sentenced belong to the best families in the place. The refusal to be vaccinated therefore, can not be charged to ignorance. Call it rather elightenment. They have read of the fatalities, and the disease which follows the use of the vaccine lance, and in self-protection, they are defying an unjust and arbitrary law.

"The course pursued by the authorities of this Georgia town, wlll have an effect entirely contrary to that intended. It will be looked upon as persecution, as an attempt to deprive people of rights and liberties, which are inherit to America.

"It will arouse a hostility which will give a strong impetus to the anti-vaccination movement—a movement that is surely growing in all civilized and enlightened countries." Yes, it is growing and all the powers of earth and hades can not check it. Let the doctor consider, let the conservative beware when science let loose a great truth.

"Swing inward, O gates of the future!
Swing outward, ye doors of the past,
For the soul of the people is moving
And rising from slumber at last;
The black 'rites' are retreating,
The white peaks have signaled the day,
And freedom her long roll is beating,
And calling her sons to the fray."

AN EMINENT DOCTOR'S CONFESSION.

The eloquent and cultured Dr. E. M Ripley, of Unionville, Conn., said in a public address delivered in New Britain, Conn.:

"Never in the history of medicine has there been produced so false a theory, such fraudulent assumptions, such disastrous and damning results, as have followed the practice of this disgusting rite; it is the ultima thule of learned quackery, and lacks, and has ever lacked, the faintest shadow of a scientific basis. The fears of the whole people have been played upon as to the dangers of small-pox, and the sure prevention by vaccination, until nearly the whole civilized world has become physically corrupted by its practice.

"The life-blood of nations has become the cesspool of vaccinators, wherein they have poured the foul excretions that are thrown off from diseased beasts, nature adjudging it too vile to contaminate the system of any living creature. Scrofula, that hydra-headed monster of pathology, whose ramifications extend into and complicate nearly all the diseases that flesh is heir to, and whose victims are as the sands of the seashore in number, is one of the oldest children of vaccine poisoning. Syphilis, that disreputable disorder, that sinks its victims below the scale of decency, and hounds them to dishonorable graves, has been carried by the vaccinator's lance into the homes of the innocent and the virtuous, and there the blighting curse has been left to consummate a work of disease and death, with consequent suffering that defies the imagination of man to depict."

When a mad dog enters a community and bites a child, the whole people rise up and demand the death of the creature, and desire that all available means be immediately used to eliminate from the system of the child the virus that has been so cruelly inserted. The action of the people in this case is a very natural one; but let me tell you that where the bite of a mad dog has caused death in one case, the mad doctor, with his calf-lymph poisoned lance, has caused his tens of thousands.

It is the most outrageous insult that can be offered to any pure-minded man or woman. It is the boldest and most impious attempt to mar the works of God that has been attempted for ages. This stupid blunder of doctor-craft has wrought all the evil that it ought, and it is time that free American citizens arise in their might and blot out this whole blood-poisoning business.

"It is a sorry charge to make against a learned profession to say the that the cause of vaccination is backed by ignorance, but so it is. I know whereof I affirm, for I, too, must plead guilty to the charge. I vaccinated for five years, ignorantly supposing that it was a preventive of small-pox. I took for granted what my medical teachers had affirmed. I came near being a murderer, and in my own family, too. For weeks my child, vaccinated by my own hand with pure vaccine lymph, and from the calf, too, was tended upon a pillow by his faithful mother; and when not in a stupor he suffered as only the damned can suffer. After a time the crisis passed and he came back to life; and I then and there took a solemn oath never, so long as God would let me live, would I poison another human being with vaccine virus, and I have kept my vow.

From that time on I studied the subject, as I should have done before, and as all doctors should before commencing medical practice, and I was appalled to find how fearfully I had been deluded."

In consonance with Dr. Ripley's above address, it may be said, that vaccination is a moral cancer, a santanic contagion, invading all the sanctities of human life. Masquerading as sanitary science, it is the champion harlequin of our time, and while a source of revenue to medical boodlers, at last it "biteth like a serpent and stingeth like an adder."

The English physician, Dr. John Pickering, F. R. G. S., F. S.S., F. S. A., etc., says:

"Wherever you have no vaccination you have the best health. The moment you give up vaccination you do away with small-pox; it will die out."

The late Dr. William Hitchman, Consulting Surgeon to the Cancer Hospital, Leeds, and formerly public vaccinator to the City of Liverpool, expressly stated, in 1883, that "Syphilis, Abdominal Phthisis, Scrofula, Cancer, Erysipelas, and almost all diseases of the skin, have been either conveyed, occasioned, or intensified by vaccination."—(Transactions of the Makuna Vaccination Inquiry, p. 31, London, 1883.

Dr. Hitchman further says: "Cancer may be generated anew whenever the necessary conditions are present. And here a strong indictment is again furnished against both 'calf-lymph' and 'arm-to-arm' vaccination. Cancer," says Dr. Hitchman, "is a blood disease; so also is cow-pox; and when, to inherited or acquired morbid tendency, vital exhaustion, digestive disorder, and unhealthy surroundings, are added the various complications attending vaccination, the presence of certain growths, or even bony structure in the larynx or any other part, is not surprising to one who believes in causal sequence. Scientifically, whatever tends to a diminution in the natural color and specific gravity, especially of the red corpuscles of the blood, may, sooner or later, lead to serious transformation into tubercular, syphilitic, or cancerous affection."—Vaccination Inquirer, London, February, 1888.

To introduce any animal substance directly into the human lymphatic system is perilous, especially as the lymph is, to use Swedenborg's forcible and scientific definition, "the true, purer blood." So that, even were the actual lymph of a perfectly healthy calf to be introduced into the lymphatic system of a healthy child, the conditions sufficient for the generation of a cancer would then be present; owing simply to the mere difference in the rate of growth in the representative cells of calf and human being, or in that of the protoplasm out of which they are respectively formed.

W. H. Burr, a clear-headed student, historian, writer and author, residing in Washington, D. C., says: "I gave the following English statistics to the New York Daily Sun, fourteen years ago:"

"Vaccination was made compulsory in England in 1853, again in 1867, and still more stringent in 1871. Now mark the result as given in the vital statistics authorized by Parliament. Since the first year named England has been visited with three epidemics of small-pox, each more severe than the preceding, as appears from the following figures:

Epidemic of	Deaths.
1857-58-59	14,194
1863-64-65	19,816
1870-71-72	44,631

"And you tell us that in New York City (August, 1885), where vaccination is not yet compulsory, the disease has almost disappeared, while in London, where most stringent compulsory laws prevail, the small-pox is raging.

"All the foregoing facts appeared in the Sun of August 21, 1884, with the editor's own heading in these words: 'Vaccination a Fraud—New York Healthier Without It' * * *

"It is sanitary regulations, and not vaccination which abate the ravages of small-pox.

"The anti-vaccinationists have always been able to demolish the pretensions of their adversaries. I don't wish to say any more on the subject. Let Brother Peebles come forth with his 'pen-gatling.'" W. H BURR.

The Chicago Inter Ocean of recent date prints the following special from Fort Wayne, Ind., concerning the evil effects of vaccination:

"Indiscriminate vaccination has caused many children here to suffer seriously. This morning the seven-year-old son of William Maddux, foreman of the New York, Chicago and St. Louis Railway wrecking gang, died suddenly from blood poisoning, superinduced by vaccination. There are six other cases where chidren are afflicted with blood poisoning from the same cause, and children were vaccinated who were unable to stand the shock, and some physicians have not used fresh vaccine points, but have used virus from the arms of other children."

In the Transvaal, where war is now raging, vaccination, says Dr. Bond, is enforced with a cat-o-ninetails. In Algiers soldiers if refusing vaccination, are bound with cords and then legally poisoned. The fee here is $5. when it "takes."

The Abyssinian Emperor Menelik had encouraged vaccination for a long time; but seeing the bad effect he became disgusted with the results. Dr. Wurtz reports the following—see p. 124 Life in Abyssinia: "A rich Abyssinian refused vaccine lymph offered him by Dr. Wurtz and insisted on having eight young female servants inoculated with the result that they all died of small-pox. In 1896 a French trader of Addis-Abada, had nine servants inoculated with the result that each of them soon afterward had a sphilitic sore on some part of their bodies and one of them, a chancre-like ulcer on the wrist. Three other neigboring children were vaccinated with what was termed pure calf-lymph. One of these exhibited scrofula immediately after and the two others syphilitic symptoms."

The erudite Dr. A. Wilder, of New York, physician and author, assures us that if vaccination has any influence, it is that of changing the body from a natural and normal condition to an unnatural and diseased one; in which case, repeated vaccinating can be but an endeavor to make this unnatural and diseased condition permanent. The individual is thus rendered sickly, and placed in a state of chronic aptitude to contract other diseases."

The doctor further says that Lorenzo Dow was once challenged to preach from a text to be given him by a minister just as he was about to begin. The text assigned was from Numbers xxii., 21: "And Balaam rose up in the morning and saddled his ass."

"This text," said Dow, "embraces three distinct ideas, which I will explain. First, Balaam, the wicked prophet; he denotes your minister. Second, the saddle, which is the salary which he receives. Third, the ass; this means the people of his congregation. The improvement is this: that your minister has his saddle fastened upon you, and is riding you to inevitable destruction."

"Of our friends in Brooklyn I say, as Chatham said of the American colonists: "I am glad that they have resisted." It may be that martyrdom is in store for the friends of personal freedom and pure bodies; we shall see. We read that when the apostle cast the Python-spirit out of the soothsaying girl (Acts xiii.) "her masters saw that the hope of their gains was gone," and in the mad fury of their disappointed cupidity, caught Paul and Silas and dragged them to the agora, under the charge of teaching illegal and pernicious customs. The multitude—the majority—rose up en masse, and the magistrates beat them and cast them into prison. Doctor-craft is about as malignant and obstreperous today. It abides no law, no constitutional safeguard that conflicts with its selfish ends."

During the Civil War, 1863-4-5, Mr. C. C. Watkins, a solid, substantial citizen of San Diego, Cal., 125 Grand Avenue, was with other soldiers exposed to the small-pox. Soon there were exhibited symptoms of the disease. And including Mr. Watkins, nearly a dozen of them were put into a pest-house in Tennessee. Seven of them had been vaccinated and every one of them died, while C. C. Watkins, who had not been vaccinated, was the only one that fully recovered from the terrible disease. And yet there are physicians, either ignorant enough or impudent enough, to declare that calf-lymph vaccination is a preventive of small-pox. It is strange that thinking cultured people are losing faith in the average doctor? Many of them had better drop their profession and become blacksmiths or daily tillers of the soil.

Dr. Johnson, of Newburyport, Mass., says: "We have five children, all of whom have been exposed to the disease. The only one who took it was the one who had been vaccinated."

The Hon. A. B. Gaston, present member of Congress from Meadsville, Pa., writes as follows in the monthly Cassadagan: "Americans unfortunately have some of the most tyrannical laws that could possibly disgrace any statute books. Among the numerous vicious laws of my own state, I may name, the compulsory vaccination law, as it is at present being enforced in my own city, a benefit to physicians, and hundreds of filthy poisonings for the victims. This vaccination fad carries a thousand dollars into the pockets of the doctors, and two thousand bits of health-destroying virus into the systems of our children, to vitiate and curse their rich young blood. Every intelligent reader knows that the best preventive of small-pox, or of any contagious disease rests, in sanitary regulations, in personal and municipal cleanliness, by fortifying the system with pure air, pure food, pure drink, pure habits of thought and of living, and entire abstinence from excesses and over indulgence in all directions."

The Washington Star informs us that Congress has made an appropriation of $100,000 to be expended in an effort to exterminate tuberculosis among the cattle in the United States. What appropriation will it make to exterminate the tuberculosis—imparted virus—or the cow-pox virus—that doctors are strenuously, selfishly and compulsorially putting into our children's arms under the baseless pretence that it will prevent small-pox?

Cows and heifers are known by the well-informed to be very many of them unhealthy. "A herd ten days ago," (says Public Opinion, Jan. 14, 1891), "on a farm in this district, was found to have 80 per cent. of its animals infected; and a few days before that no fewer than 90 animals in a herd numbering 125 near Richmond, Va., were discovered to be diseased. These are extreme and unusual cases, it is true; but occurring synchronously within a narrow radius, they were enough to rouse the Government to a sense of the danger to which the country is exposed from this source. An experiment performed by one of the scientists attached to the animal industry laboratory about the same time tended in the same direction of alarm. Ascertaining from test experiments which he had been making with the milk supply of the Capital that it was tainted with tubercle, he inoculated a guinea pig with the milk; and, sure enough, after a few days when the tubercle bacilli contained in the milk had had time to plant itself and develop in his system, the rodent exhibited unmistakable tuberculosis. Concurrent circumstances like these, forced on the attention of the Government, produced the belief that it was about time a general investigation of diseased cattle should be made, if the danger to human health so portended would be avoided.

Sores or ulcers on these tuberculosis cows, heifers or calves, are tapped and the discharged pus—virus manipulated, is forced compulsorily into the arms of our children. How long—oh how long will our suffering countrymen permit this outrage!

The following is from the Rev. Isaac L. Peebles, a prominent preacher in the Methodist Episcopal church, Mississippi. It is an exhibition of not only high-grade Scotch grit, but of southern chivalry on a religious plane. He thus writes in his able pamphlet on Vaccination: "The virus that Dr. Jenner, the accredited father of vaccination, used first was from a sore on the hand of a young woman. This sore, she claimed, was produced by matter from the sores on the teats and udders of the cows, while milking them. This was the filth start of vaccination, but the extreme nastiness of its filthiness will appear more clearly when we remember that the sores on the cow's udders and teats were caused by an oozing matter called grease from the diseased heel of badly kept horses. Persons attending the horses would milk the cows without washing. It almost makes us vomit to think of such filth, and yet to think that human beings would have it compulsorily thrust into their children's bodies. Although this was the beginning of Jenner's vaccination, yet it was not its limit. Two years after his first vaccination, he vaccinated his own son with the virus of hog-pox. Indeed, he vaccinated with the putrid matter from the disease of horses' heels. He further by way of experiment vaccinated with horse-pox, cow-pox, goat-pox and hog-pox, and it is a wonder that some of his disciples have not completed his list by taking filth from some dirty mangy dog and vaccinating some poor ignorant fellow and calling it dog-pox. Jenner contended that all these poxes were of the same origin.

Some claim that it is produced by vaccinating a cow with a virus of small-pox, while others of equal ability claim that the virus of small-pox will produce small-pox, and not cow-pox, and that cow-pox must appear of itself in the cow. The doctrine of spontaneous cow-pox is without foundation. Indeed, it is contrary to reason and the nature of things, unless it can be proven that the good Lord, through special regard for the ladies, made the cow of such peculiar sensitive nature that the pox develops in her, and her only, so that the nice term "cow-pox" could be used, instead of the gross term "bull-pox."

* * * Fifty years from now there will rise up a well-informed generation, who will look back on this time of vaccination and forced vaccination with wonder and pity. Let those who love the darling, filthy, butchering business practice it on themselves as much as they choose, but for humanity's sake, if for nothing else, let others alone."

What becomes of the heifers and calves after they have yielded their harvest of Pustular and poison pus Lymph?

This question, legitimately asked, is a very serious one;—what becomes of them? Are they killed and their shaven, sore and pus-scarred bodies buried from human gaze? This would be a waste of beef, not "embalmed beef," but rather veal from a calf-lymph producing farm. No, these pus, or pustule-tapped heifers, are returned to the farmers or sold in city meat markets. Such facts the more deeply intensify vegetarians in their vegetarianism.

The Philadelphia Daily Item, Nov. 22nd, 1899, has the following trifle condensed: "Some more interesting facts are coming to the surface in connection with the fight inaugurated by the Anti-Compulsory Vaccination Society of America against the law which was passed at the last session of the Legislature, and Attorney C. Oscar Beasley is willing to tell his experience in getting matters into shape for what he says will be one of the greatest legal battles ever waged in the State.

In the Sunday Item he said that there were only twelve farms. or "factories," as he called them, in the country for the production of vaccine virus.

"We have abundant evidence," said Attorney Beasley, "direct from the people who have seen the calves, after they had been used for the purpose of producing the virus, taken from these farms full of poisonous vaccine matter and sold.

"Naturally, everyone interested in this matter wants to know what becomes of these poor animals. What I have just told you is only part of the story, but we also know that they have been sold to the public as veal after the virus has been put into them. We can prove that, and if such action is preventing the spread of disease, I, at least, would like to be informed how the authorities reconcile the facts.

"The people who run these cow-pox farms rent the calves from the farmers. After the calves are kept the proper time they are sent back to the farmers. Now, the question is, 'What do the farmers do with them?' I have already told what we know—and what we can prove.

"There are a number of mattters which will be brought out before this affair is concluded, and I want you to understand that I will be responsible for everything that I tell you.

TO MAKE A TEST CASE.

"There are hundreds of children who are kept away by the enforcement of this law from public, private and Sunday schools, and it is not unlikely that the League may arrest some of the Sunday school superintendents on the charge of preventing the children from attending the school because they are not vaccinated. A test case will be made and then we will see where we stand on that phase of the case."

At this point in his talk, Mr. Beasley referred to a letter which he had received from a Catholic priest who was a resident of this city. He was immune from small-pox and during the terrible epidemic of the winter of 1872 and 1873 was one of the Catholic clergymen who were detailed by the Archbishop of the diocese to visit the poor and afflicted in all parts of the city and give them extreme unction, the last rite of the church.

This reverend gentleman says he is positive that the disease caused by the inoculation of vaccine virus is at best a very vile one. It not unfrequently causes death. The virus, he says, is sure to fasten upon the weak portion of a child's system. These are still more greatly weakened by the virus often with fatal results. He concludes by saying that he hopes the League will be successful in having the bill repealed."

The April number of Frank D. Blue's Vaccination, published in Terre Haute, Ind., has the following:

"David Mackay, M. D., Surgeon General of the Grand Army of the Republic, in sending a subscription to Vaccination says: 'The abominable practice is only one of the horrible delusions arising from filth, and from a false dietary,—flesh-eating. Until that ceases man will go on his crazy method of 'curing' a disease, by creating a worse one.'"

HASTENING TO A CLIMAX.

As I write January 15th, 1900—the evening mail brings to my desk an item from the Los Angeles East Side News, giving the latest phase of the Vaccination Question in Chicago:

"A small-pox case escaped from the chief medical inspector of the health department and ran into a crowd of people. The inspector called a half dozen policemen to his aid, rounded up seventeen persons supposed to have been touched by the small-pox patient, and in spite of protests, threats and resistance, vaccinated the lot. The Tribune says:

"With his back to the side of a house Dr. Spalding seized his patients as fast as they were pushed toward him by the police and applied the virus in record-breaking time."

Now, dear reader, I shall have to "take back" the assertion I made in the fourth chapter that "no person has yet been vaccinated in the United States by applying actual physical force." The Chicago incident inaugurates that phase and makes the compulsion of the "Code" a concrete fact. We now stand on a par with Germany in the mode of enforcing the law. The same paper from which I clip the above casually mentions that recently 2,500 medical students in Chicago mobbed a preacher for criticising the drug practice. The doctors are evidently numerous in Chicago—indeed, so numerous that quite a large army of them must needs be numbered among the "unemployed." The unemployed "vag" holds the citizen up in Chicago as he returns late from business or pleasure, and if caught is "sent up." And why should not the unemployed doctors "round up" a few citizens occasionally and vaccinate them, when the law says they may do that very thing? At this season of the year—since the "Appendicitis" racket is about played out—many doctors must find but a scanty demand for their "professional" services in that city. With office rent falling due and no "revenue" with which to buy coal, we should not be surprised to learn that they are arming with the lâncet, with tubes, or a phial of calf-pus and taking to the street, physically enforce vaccination. They well understand that the Legislature gave them leave to vaccinate all "goers and comers," and agreed to help them do it up to the point of efficiency.

Now, by lending to the doctors the services of the police, we may be assured the Government is faithfully performing its part of the contract. Why should we not hope and pray that the State Legislature and the doctors shall carry out their mutual "understanding" that the common people shall be "protected," seeing that they are "too ignorant to protect themselves."

I would suggest (seriously) that on the next election day in Chicago, the doctors charter a sufficient force of police to "round up" a few hundred voters, and that the doctors be ready for duty with "pure" glycerinated and "sterilized" calf-lymph to duly "protect" the aforesaid voters; and that this operation be repeated on each successive election day, until American "sovereigns" are aroused to the point of rising en masse to break and repeal this infamous compact between the doctors and lobbied legislatures—legislatures that are bought and sold by unprincipled multi-millionaires.

COMPULSORY VACCINATION AND THE MILITIA.

The Militia called out! Such was a recent heading in the Hudson Journal, June 15th. Called out for what? Here's the paragraph—it speaks for itself:

"The Hudson company of militia, ninety men strong, went to Stockport today to aid in enforcing quarantine regulations against a number of persons who have refused to be vaccinated.

"An epidemic of small-pox has prevailed among 500 colored brickyard laborers at Walsh & Company's yard, Stockport, for some time. About fifty, white and colored, refused to submit to vaccination, so a company of the State Militia was ordered to Stockport to enforce the quarantine rules."

And this is the free America, is it? This, a land of personal liberty, is it? This a country of inalienable rights, is it? No—it is rather an oligarchy manned by certain "professsional" doctors, the repulsive dules and unconstitutional laws of which, are to be enforced by the militia.

There's not a thoroughly-read, intelligent physician in America but that knows, and if honest, will frankly admit that cow-pox vaccination is not an invariable preventative of small-pox. They know from the most unimpeachable testimony that thousands vaccinated and re-vaccinated have died and still die every year of small-pox. And yet in Hudson the militia is called out to enforce the blood-poisoning process of vaccination—compulsory vaccination—with fire-arms behind it! Think of this, freedom-loving American citizens, and blush for your country!

Soon after their arrival Miss Nora Donahue, Worcester, Mass., was reported by the Health Board to be suffering from small-pox and was sent to the pest-house. The Steamboat Company, bestirring itself, the Boston Board of Health went to Worcester and after due investigation and examination decided that the case was not small-pox. In the meantime it came out that this young woman had been twice vaccinated, once when she left Queenstown and again as she entered the harbor of New York, but that "neither took"—when the plain truth was it took too well, producing "a new disease," said the Rockland (Mass.) Independent, "worse than the small-pox." This is what we have all along contended for, that vaccination creates new diseases, as well as sows the seeds and lays the foundation for eczema, erysipelas, ulcers, tumors, cancers, and other of the filthiest, festering diseases known to the human race.

BUBONIC PLAGUE FROM VACCINATION.

Dr. R. M. Leverson, of Fort Hamilton, gave his views on vaccination before the Brooklyn Philadelphia Association in Williamsburg, Jan. 14th, 1900. He said: "Should small-pox be discovered in your family, do not be foolish enough to send for your doctor or any other one who would notify the Board of—well, some call it Health. Do not, I say, resort to that. All this talk about the danger of the disease is exaggerated. It is easily treated and not in any way formidable. The importance of vaccination as a subject of discussion is increased now, because of the prevalence of bubonic plague in many sections. It is the disease which a generation ago was predicted by those who opposed vaccination. Scientifically we say the cow-pox was really the specific disease of an animal. Vaccination means the inoculation of the dreaded taint, and the bubonic plague is nothing more nor less than the result, is a sporadic form, of this evil specific disease."—New York Tri-Weekly, Jan. 15th, 1900.

The above is a note of warning—I do not say timely warning, for the time is past. A century of vaccination over the civilized world has fully prepared the soil for the crop which we must now reap. It has been prepared in India, where for two generations compulsory vaccination has been forced on the native population—mostly arm to arm vaccination, which has given rise to a distinct diathesis, and to new and before unheard of diseases, as set forth at the beginning of this chapter. Bubonic plague is undoubtedly one of these new species, which will abundantly flourish during the first quarter of the twentieth century.

The wholesale vaccination on the Hawaiian Islands since 1853 has prepared the soil there, and as I write—January, 1900—the dreaded plague has gained a strong foothold there, and will undoubtedly reach the Pacific Coast during the ensuing summer. At any rate, sooner or later it is bound to come and ravage the United States, for a poorly-informed public have submitted themselves to be made merchandise of by a class of semi-consciousless physicians, until sloth and ignorance will exact a sterner mode of teaching. The object lessons which the plague, with varied zymotic diseases, will furnish, may have the effect of opening the eyes of an apathetic public to the grave violations of physiological law to which they have so long blindly submitted.

Unlike the yellow fever, bubonic plague is most virulent in winter, but like all zymotic diseases, its home is where filth abounds. It continues to spread in India, and in the city of

Bombay it acts fatally within a few hours. The natives refuse European aid, remembering well the sad lesson taught them by the vaccinators. Nearly all cases prove fatal. Everywhere there are little puddles of water, especially in the suburbs, amidst the most filthy surroundings, and the water is used by the natives, they preferring it to the water supplied by the city authorities. Last winter (1899) there were 250 deaths daily in Bombay, sometimes 2,500 a week. The epidemic recedes for a few weeks during the hottest season; then reappears with destructive violence when the cooler weather sets in.

THE VACCINATION DOCTOR'S DOOM.

Just as "inoculation" was prohibited by law in England, so will vaccination in both England and America soon be strenuously prohibited by law. Its death knell is already being sounded. All honor to Covington, Ky., for pronouncing vaccination "felony" for physicians. This, bear in mind, is one of the highest classes of offenses with a severe penalty attached thereto. Here is what the Cincinnnati Times-Star, May 2nd, says:

> "At the meeting of the Covington City Council Monday night the ordinance demanding compulsory vaccination was repealed. Mr. Evans, from the Third ward, introduced an ordinance making it a felony for any physician to vaccinate a person under any circumstances and provided a fine therefor of $100 and four months' imprisonment."

The English inoculation fad had its reign in Britain and died. The cow-pox lymph, the serum and the anti-toxin will pass away with the increased intelligence characterizing this era of thought and profound research.

Just now, there is a bubonic-plague scare in San Francisco, originating, the Press says, among the doctors and directed towards the Chinese. On my third journey to and through the great cities of India, I was brought into close connection with this plague, which, like the small-pox, is a disease of dirt and filth. It first appeared in Bombay among the underground rats and then among the poorest and dirtiest portion of the lower caste. It seldom affects the cleanly, and if it did, it would be comparatively harmless. Those treated with drastic drugs generally died. Those placed under cleanly sanitary conditions lived. This disease should have been called the glandular rather than bubonic plague. Those previously tainted with syphilis, gonorrhea, and whose blood had been poisoned with calf-lymph virus, were the first attacked by this oriental disease. Women were seldom seriously affected by it. The San Francisco Press of May 20th, says: "There are several cases of bubonic plague in the city and that portion of the city occupied by the Chinese." The San Diego Sun of May 24th publishes the following: "A great number of Japanese have voluntarily presented themselves for inoculation with serum, and a few, but not many, Chinese have submitted to treatment."

Inspection of the Chinese quarters is in progress, and sanitary measures are being enforced.

The Chronicle editorially declares that there has been no real cases of bubonic plague, and said the cry was raised by the city board of health, some of which are physicians, to compel the supervisors to appropriate a large sum of money to hire an army of guards and inspectors, and that the whole scheme is a political conspiracy."

No doubt, this scare and scheme was "a conspiracy" between the politicians and physicians for selfish ends, all of which is painfully deplorable, in this boasting, self-assertive age of civilization and moral enlightenment.

MORE MEDICAL TESTIMONY.

The Homeo Envoy, Philadelphia, Pa., records the case of a man, who in the category of a good compulsory law-abiding citizen, was vaccinated with pure glycerinated lymph and "it took"—took so well that the doctor got frightened and had him quarantined for the reason that the vaccination had actually developed into a full-fledged case of pronounced small-pox. The family physician, with a great degree of gravity, said: "This is unaccountable—unaccountable!"

Recently, says that eminent physician, J. W. Hodge, M. D., Niagara Falls, N. Y., "The Buffalo Courier printed a statement taken from the records of the surgeon general's office at Manila showing the number of fatalities and their causes among our troops up to the second of last June.

"According to this compilation," says the editor of the Courier, "of 699 privates, 294 died of wounds received in action, 9 killed accidentally, 23 were drowned, 7 committed suicide, 106 died of typhoid fever, 89 of small-pox and 14 of meningitis."

By examining the above tabulation we find that the deaths from small-pox among our troops (all of whom, without exception, have been repeatedly vaccinated since leaving this country) constitute 317, nearly 50 per cent, of the entire number of deaths from all diseases.

The Courier frankly and truthfully says: "Opponents of vaccination find a good argument in this condition of affairs at Manila."

In many of the old countries where vaccination has been tried long and faithfully, its compulsion has been abandoned from the army. In Sweden, Norway, Belgium, Holland and Switzerland no soldier is now obliged to be vaccinated. The prevalence and fatality of small-pox among our much vaccinated troops in the Philippines is no unique experience and does not at all surprise those who are familiar with the history of vaccination. The London Morning Advertiser of Nov. 24, 1870, reported as follows: "Small-pox is making great havoc in the ranks of the Prussian army, which is reported to have 30,000 small-pox patients in its hospitals. These were all vaccinated and re-vaccinated."

And yet there are doctors—rather non-studious medical professionals (complimentarily called "physicians"), who persistently tell the people that vaccination prevents small-pox. They either do, or they do not know better Do they think—do they observe—do they investigate—do they study and reason? It has been wisely said that he who will not reason is a bigot, he who dare not is coward, and he who can not is an idiot. Each back-chapter physician, touching this all-important matter of small-pox, vaccination and anti-vaccination, must necessarily pose upon one of the points of the above trilemma. Take your positions, Physicians! The people constitute the jury.

AN INSISTENT FALSEHOOD.

"He who said the age of myths was past was surely unacquainted with the suspicious ways of certain doctors in sustaining the tottering vaccine idol. Perhaps the most remarkable of the many fables invented by the advocates of vaccination to bolster up the Jennerian dogma, surely the basest and most insistent is that known as the "Franco-German war statistic."

Along in 1872 the following falsehood first appeared in English print, in the British Medical Journal. In June, 1883, it was used by Sir Lyon Playfair in a debate in the Commons and challenged by Mr. P. A. Taylor. Sir Lyon Playfair, waving Dr. Colon's book, La Variola, said, "I got it from the Physician General of the French army," but he did not, for investigation showed it was not in the book, nor was Colon ever physician general of the army. In the official report of the speech Playfair had it put "I give these figures on the authority of Dr. Philenus of the German Reichstag, and of similar figures of the statistical congress in St. Petersburg." This started a new line of investigation which revealed the fact, that it first appeared as a stray newspaper paragraph in an Austrian journal. So here in brief we have a fanciful tale involved in the imaginative brain of an unknown newspaper man, through an Austrian-Russian-German-English source to prove a French statistic that never did have any foundation in truth.

The matter was not allowed to rest here. Earl Granvillle in Paris was appealed to by Dr. Carpenter, (who was very active in disseminating the lie) and Granville reported that the French authorities stated the deaths from small-pox were unknown, that the confusion was too great for registry, thus effectually disposing of the French part of it. The story was publicly retracted in the London News, August, 1883.* And the German part fared no better for Herr Lisouke, in a letter to Geo. S. Gibbs, dated July 20th, 1883, expressed regret that during the twelve months of the war the deaths from small-pox were not recorded. So followed the German half of the lie.

Herr Steiger, February, 1883, at Berne, gave the German loss from small-pox as 3,162, the French as 23,469; by June, 1883, Playfair got it down to 261 and by the time the British Medical Journal published it the second time in 1898 it had dropped to 49, and 23,400 respectively. The French army was perfectly vaccinated, but a part of it was not re-vaccinated before this campaign. Dr. Bayard says, "Re-vaccination originated in France, and every soldier is revaccinated on his entrance into the regiment—our army knows no exceptions."

Dr. Oidtmann, staff surgeon, says: "Shortly before the war the whole French army was re-vaccinated. This general re-vaccination tended rather to extend small-pox than to protect against it." Dr. Colon, in charge of the small-pox hospital Bicetre, says: "The mortality was much less in the militia who were not re-vaccinated than in the regular army which was re-vaccinated." Dr. Jehner in Etiology of Variola, says: "The French prisoners were not sick on their arrival, but small-pox in epidemic form broke out among them after they were placed in German camps; all measures to repress it, even the daily re-vaccination in mass were useless. Even the German guards took sick." The soldiers were finally washed and their clothes steamed, and from that time the epidemic rapidly declined. (Phys. Jl., 1873).

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*The first edition of "Vaccination Vindicated, by Dr. McVail contained this falsehood, but in the second edition (1898) it is dropped. And it is well that it was, for infamy in sustaining a bad cause could not have well gone further.

It is no new thing to go to Germany for proofs of the value of vaccination. I have a copy of Hall's Journal of Health, October, 1860, that says, "The Prussian more than any government in existence, practices vaccination, every soldier is re-vaccinated upon entering the army.

Early in 1870, Dr. Seaton, of the English local government board, before the Commons, declared that Prussia was well protected, and that that country was safe, yet inside a year 59,839 persons died from small-pox in Prussia; 2,083 in Berlin alone. Nor did the well vaccinated army fare any better. Dr. Creighton, the great epidemiologist, says: "Evidence as to re-vaccination on a large scale comes from the army. The rate from small-pox in the German army, was 60 per cent. more than among the civil population of the same age. The Bavarian contingent, re-vaccinated without exception, had five times the death rate from small-pox that the civil population of the same age had, though vaccination is not obligatory among the latter. The statistics of Prof. Vogt, of Berne, prove the same facts.

Severe epidemics are not unknown in Germany in these days. Nor are deaths and injuries from vaccination uncommon. So true is this that in 1896 the German Imperial Health

Board, alarmed at the increasing anti-vaccinationists, and their growing influence, issued a pamphlet of 192 pages confessedly for the purpose of meeting their ever increasing attacks. As the annual income of the doctors from vaccination is over 40,000,000 marks this zeal is easily understood. Even forcible vaccination of all children is advocated, of course, at State rates.

The pamphlet was at once attacked by the anti-vaccinationists, and charges made that the German mortality list contained no column for deaths from vaccination: and that all such deaths are covered up under secondary causes, such as erysipelas, pyemia, etc., that it is a written rule in the army that even in severe cases of small-pox, such illness is entered as skin eruption, and Col. Spohr, 48 years in service, testified to hearing army surgeons censured for entering recruits as suffering from small-pox, and that small-pox cases were always entered under some "appropriate illness."

Dr. J. A. Hensel, late surgeon in the German army, in an address delivered in Salt Lake City, Feb. 2nd, 1900, said in brief: "In June, 1888, I was on duty in Strasburg, and over 2,000 small-pox cases were in the pest house; every one successfully vaccinated but three months before, for the third time. I myself, was laid up for five weeks, although I had been vaccinated for the seventh time, successfully. In 1898 I witnessed the amputation of three arms and the discharge of four men from the army for general disability, all from vaccination. After this experience I am convinced that vaccination is no protection against small-pox. Dirty barracks started the epidemic."

December, 1899, R. Gerding was held before the Berlin Criminal Court for making these charges in his book on small-pox and found guilty, but the supreme court promptly reversed the case and ordered the State treasury to pay all the cost. A German corespondent in December, 1897, wrote:

"We must not lose sight of the fact that the German doctors are experts at making statistics. Fine sounding new names, as 'variolides,' etc., are invented for diseases from which people die, but by no recording deaths, small-pox is made to appear as stamped out." So after all the abscence of German army small-pox is simply a case of logic, for vaccination prevents small-pox; these men are vaccinated and can not take small-pox; therefore, there is, and can be, no small-pox in the German army.

It is a too common habit of the vaccinators to pick up figures anywhere and vouch for them as authentic, just because they happen to lie in favor of vaccination.

In June, 1898, the British Medical Journal again started the same old lie, and it began the round of the American press. From Maine to California has it circulated, appearing in all state health bulletins, including the Government bulletins and quoted as gospel by Surgeon General Sternberg in defense of his frequent poisoning of the poor soldier boys in the far East, who continue to die of small-pox, despite the assertions of Surgeon Lippincott, that our army is the best vaccinated army ever put in the field.

There is some excuse for the laity not knowing these facts, but there is, at this late day, no good excuse for all physicians not knowing the truth, and with them it is either a case of woeful ignorance or wilful lying."—F. D. Blue.

All medical journalists, or doctors, who have published or mouthed this falsehood—malicious falsehood—should, if profesed Christians, read upon their knees Revelations xxi. VIII.: "But the fearful, the abominable, the murderers, the whoremongers (the abortionists) and all liars"—mark these last words —"and all liars, shall have their part in the lake which burneth with fire and brimstone: which is the second death."

And why this terrible doom? Possible because, as the Scripture saith, they have put the "mark of the beast"—(cow-pox lymph)—upon our children's arms and limbs; and further, before God and men they have repeatedly lied for the glory of vaccine virus—the curse of the century!

SUMMARY AND CONCLUSION.

In the foregoing pages I have endeavored to bring into prominence the following features of the Vaccination question:

(1.) That Vaccination was neither a scientific discovery, nor is its claim as a prophylactic against small-pox valid or philosophical. Vaccination with sphilitic virus to prevent the "bad" disease would be just as rational; but that has been tried and abandoned. Dr. Koch's much vaunted tuberculin has been tried in almost every country on the globe, and proved to be worse than useless. Indeed, if the principle on which vaccination is predicted was founded in physiological laws, then every zymotic disease might be similarly prevented.

(2.) That the vaccine virus is invariably a form of putrefying animal tissue which, while its substance and quality may in part be determined by the microscope and chemical analysis, it nevertheless declares by its effects that it contains subtle potencies which present day analysis is utterly unable to detect; and therefore that its inoculation in the blood of a human being is always attended with grave danger and often plants in the body the most loathsome and incurable diseases known to men. Vaccination is always a form of blood-poisoning, while the vaccine virus is often the vehicle of specific occult qualities and seeds of disease which defies all present powers of detection. Moreover, such poisons are a hundredfold more dangerous when introduced through a skin puncture than if taken into the stomach.

(3.) That the much vaunted rite of Vaccination fails to "protect." I have adduced ample evidence that the vaccinated are just as liable to an attack of small-pox as the unvaccinated —especially during a small-pox epidemic; that epidemic outbreaks of the disease have nothing to do with the question of vaccination, but everything to do with habits and modes of living. The quarter in a great city where the people are clean, healthy and vigorous, never suffers severely from small-pox, even in epidemic years. On the other hand, small-pox has its home and breeding ground in filth, poverty, wretchedness, intemperance, and over-crowding—a fact about which vaccinators are uniformly silent. All that is needed to avert an attack of small-pox is uniform obedience to hygienic and sanitary laws; and should small-pox symptoms appear when one is thus fortified, it need not be feared more than a mild attack of measles. Then a rational procedure is not to resort to a drug spcific but suggests a wise use of the natural accessories of air, water a cool temperature and a spare diet. Then the disease need never pass even into the confluent form. Generally, if people had small-pox under the same circumstances that induce cow-pox, it would rarely assume the malignant form, except where it has its own natural breeding ground—filth. Epidemic small-pox is the cyclonic culmination of causes that have become ripe for expression; and those causes might be scientifically anticipated and effectually removed before they reach the typhus or the small-pox stage of epidemic intensity.

(4.) I have pointed out that vaccination—destructive and desolating as it has proved to be—has become the curse par-excellence of civilization through its alliance with the politico-state. No man has a right to disease another against his will.

It is indeed a most intolerable tyranny to compel vaccination by law. It is un-American. It is unconstitutional. It is dangerous, often causing death. No privileged class ever before formed so unholy a compact with the state as has the medical profession in respect to vaccination. Compulsory vaccination is the most flagrant—the most dastard crime ever perpetrated against the liberty of the citizen, and its permission of toleration on the statute books of the states in these United States, raises a serious query whether democratic populations are intelligent enough to govern themselves. The permission given by American voters to their servants—the Legislators—to frame and enact into law such an infamous statute, is a pretty sure prophecy that the people's liberties will at last fall something as Rome's fell, before the miserly schemes of the privileged classes.

(5.) I have pointed out how the populace is becoming aroused in various towns and municipalities where Boards of Health have closed the public schools to unvaccinated children; but these local contents, being fractional and scattered, will bear but little fruit toward securing the repeal of the compulsory law. There is no general uprising of the whole people, no aroused public seniment to thunder at the doors of the State Legislatures, no well-informed populace regarding the real status and respect of this vital question. Therefore, the repeal of compulsory vaccination laws in this country belongs to the indefinite future.

6. That vaccination has been convicted as the vile parent and direct cause of a long list of incurable diseases, such as scrofula, syphilis, erysipelas, eczema, cancer, consumption, leprosy, boils, tumors, and other diseases for which science has not as yet found a name. From a very large recorded list of vaccinal injuries, fatalities and deaths, I have cited a few cases, enough, however, to indicate the menacing danger which constantly threatens ,and which ought to be sufficient to deter fath-

ers and mothers of children from subjecting them to be poisoned with the vaccinator's lance, whatever the legal penalties might be. Defy the compulsory law, stamp it in the dust, pay fines, be imprisoned if needs be, die the martyr's death—do anything rather than have your children's blood poisoned and their health wrecked for life.

(7.) That the root and inciting cause of all this vaccination tyranny centers in the inordinary "love of money"—the mad lust for gold. Money is the universal solvent. It is the symbol of everything which the earthly natural man desires, and will procure everything which he desires, power, privilege, office, emoluments, ease, luxury, flattery, worldly honor, the favors of women, unholy gratifications, etc. The love of money impulses every class, whether in law, theology, politics, trade, or especially the medical vaccinator—to plot against the liberty of the citizen, i. e., to reduce the citizen to a condition of dependence where tribute may be exacted of him.

It was along these lines the medical profession lobbied governments and legislatures and secured a compulsory vaccination law, for which they promised the most and fulfilled the least, of any corrupt ring that ever formed a league with the state, or cursed a country—and all to "protect" the dear people from an attack of small-pox (?) Reader, friend and fellow-citizen, your protection never occupied the smallest corner in the vaccinator's heart. He sows calf-lymph virus to reap a harvest today, and larger, richer harvest in the future. Let us think, study, pray, write, vote and remove this compulsory curse from our statute books; then the vaccination delusion will speedily disappear, and Americans enjoy the freedom for which their foremothers prayed and their forefathers fought and died. Henceforth—toil on—vote for men, not politicians. Your homes are your castles, defend them against the aggressions of the deadly vaccinator. Fight with pen and tongue and ballot for the right, and though the evening be gray, and the night dark, morning will come.

"Look up, look up, desponding soul,
  The clouds are only seeming,
The light behind the darkening scroll,
  Eternally is beaming.

The warm glad glow of deathless youth,
  Shall crown the true endeavor;
The tide of God's immortal truth,
  Climbs up and on forever."

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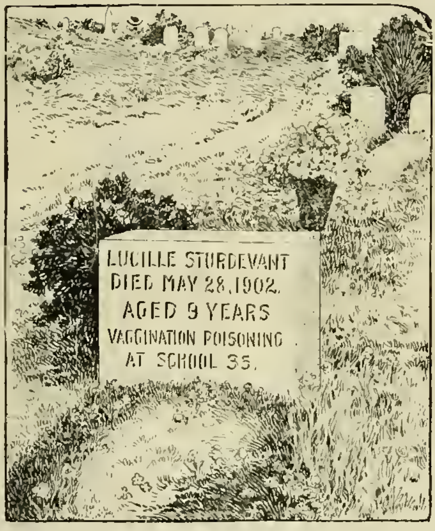
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AT SCHOOL 35.

Stone erected by Homer E. Sturdevant, a railroad conductor of Buffalo, N. Y., over the grave of his daughter, murdered by forcible vaccination.

"Vaccine Virus is the morbid poison of an infectious disease"—Century Dictionary

Compulsory vaccination is an outrage and a gross interference with the liberty of the people in a land of freedom.—Daniel Webster.

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DR. ALFRED RUSSELL WALLACE, the noted scientist says: "I most solemnly urge upon our legislators that this is a question not only of the liberties of Englishmen, but one affecting the lives of their children, and the health of the whole community; and that they will be individually responsible if they do not inquire into this matter for themselves—not accept the statements or opinions of others. I appeal from the medical and official apologists of Vaccination to the intelligence and common sense of my fellow countrymen and I urge them to insist upon the immediate abolition of all legislation enforcing or supporting this useless and dangerous operation."

James R. Brewer, Secretary of the State Board of Charities of Maryland, says:

"Vaccination is primarily responsible for the alarming increase in the number of cases of **tuberculosis.** I have known healthy children who were compelled to submit to vaccination before being admitted to school, who subsequently became affected (with tuberculosis). It was easy enough to trace the cause."

Compulsory vaccination is an outrage and a gross interference with the **LIBERTY** of the people in a land of **FREEDOM.**—Daniel Webster.

No laws are binding on the human subject which **assault the body or violate the conscience.**—Blackstone.

Resist the law—the State has **no more right** to enforce a surgical operation than a religious ceremony.—John Stuart Mill.

As a medical man, I assert that vaccination is an insult to **common sense,** the most gigantic **PIECE OF QUACKERY** ever exploited among a civilized people in this or any age of the world's history — Dr. W. R. Hadwin, M. R. C. S.

A practicing physician, of Washington, D. C., says: "A man who puts vaccine virus into a child ought to be put into the penitentiary."

VACCINATION is the most far-reaching and despicable **SCANDAL** that the world has ever known. It was born in ignorance and carried on by lies. Now it is a great disease-grafting industry which is a shame and disgrace to our age and civilization. It is an outrage on Nature and a crime against Humanity.

AN OPEN LETTER TO THE GOVERNOR AND MEMBERS OF THE LEGISLATURE OF THE STATE OF CONNECTICUT

Gentlemen:

The year 1911 affords an opportunity for the opponents of the compulsory enforcement of vaccination, by law or otherwise, to renew their efforts to secure their just rights at the hands of a new General Assembly.

That their efforts may meet with complete success this year is to be wished for, but, should victory in their fight for pure blood and the sanctity of the body, be further postponed, it is certain that the right to accept or reject vaccination without fear or favor of any man or set of men will, in the end be gained.

The violation of the body of a healthy person and the defilement of the pure blood of a child or adult by pus inoculation as in vaccination. and without their consent, is assault and a crime in the nature of rape. A law compelling such a procedure is unjust and opposed to the dictates of common sense.

In the very nature of things the practice of vaccination under compulsion must cease; and from the widespread and rapidly growing opposition to the practice, both at home and abroad, among physicians as well as laymen, it is safe to say that the time is not far distant when it will be deemed a crime for a person to vaccinate another. Hardly a day passes but sees the announcement of some new vaccine-virus for employment against diseases other than small-pox; and, could the doctor have his way, there would soon be laws enacted to compel vaccination with all sorts of vaccines for every sort of ailment.

But the introduction of a virus, which has power of reproduction indefinitely,—a poison,—whether of human or animal extraction, directly into the blood is not natural, not in harmony with nature's methods, and cannot be productive of anything but evil, and, in spite of the fact that it is the fashion now, time will come, and soon, when the evil wrought and the futility of the practice will be seen.

One has only to read the history of smallpox and vaccination from the manuscripts of official records, to learn how the public has been misled by the vaccinator into an absurd panic of fear of smallpox, which can be shown to be one of the least things to be feared, as a cause of death by children or adults in our times and climes, and as something no one need worry about whether vaccinated or not, and that lightning in civilized northern lands is about as much to be feared as a cause of death as smallpox.

The common lighting gas in your houses, the vehicles in our streets are ten times more likely to kill us than smallpox ever is. And to prove this we have only to look at the record of New York City for the past year, where 200 persons were killed by murder, 300 killed by gas and only three died from smallpox in the whole State in the same year.

One has only to read how Leicester, England, prevents smallpox, promotes the general health, and has reduced the death rate to one of the lowest, without vaccination; and per contra, how the Japanese people, one of the best vaccinated in the world, have suffered from the worst recent epidemic of smallpox, from which the most extensive compulsory vaccination failed to protect them. The experience of Japan is one of the strongest object lessons of the century and should have great weight with every one who would arrive at correct conclusions on this question.

Our own vaccine virus makers sent to Japan for their so-called "seed virus" which was found to be much more virile and "protective" than our own virus. For indeed it seems to be a fact that smallpox infection dies out naturally in our temperate climates if left alone, or is not spread by deliberate propagation or inoculation and neglect of sanitation and isolation. Hence our medical confreres had to send to tropic infected Japan, not for more health but for more and more virile disease. Well, this Japanese virus proved indeed so virile to us that it produced a terrible epidemic of foot and mouth disease among the cattle,—the foster mothers and wet nurses of the human race,—in the United States, in 1908, which was traced to our vaccine factories and which caused the slaughter or 4,600 farm animals and cost the United States Government over $400,000 to suppress and caused our farmers a large additional loss.

Will some medical philosopher kindly figure out for a trusting public the great benefits of vaccination in this case, and this is the second epidemic of the kind caused by vaccine virus in this country.

The vaccinators are thus not content to poison the blood of our children, but they also have to poison the blood of our cattle, the wet nurses of our children.

In making this vile stuff, see 25th report of U. S. Bureau of Animal Industry, 1908, it is notorious that many deaths have occurred among school children and other persons under the ban of compulsory vaccination laws, but just how many will never be known; while nearly 100 deaths from vaccination have been reported in the press of the country during the past year, and most of them from lockjaw,—yet there is no doubt that the half has not been told.

Any standard medical work upon this subject will admit the more or less frequent presence of the germs of tetanus in vaccine virus.

The deaths of hogs and cattle by vaccine virus are recorded, but not the deaths of humans; they are carefully concealed in our vital statistics under the head of "Tetanus," "Septicemia," "Phlegmen," "Edocarditis," and a dozen other forms of blood poisoning, internal and external suppuration and ulcerative diseases, which afflict humanity; and which are communicated by, or follow after vaccination and the primary cause is continually denied and concealed by our health departments all over the country.

A striking instance of this is exhibited in the report of the State Board of Health of Pennsylvania in which a few cases of smallpox are reported, and no deaths; but, on no account are the large numbers vaccinated and the equally large number of deaths therefrom reported. Why is this? Echo answers, "Why?"

With our health departments all over the country working hand in glove with the manufacturers of vaccine virus, and controlling our vital statistics, this is one of the most shameful medical scandals and outrages of our times and should be corrected at once by our law makers.

In England things are done differently. There the law compels doctors to record vaccination deaths and through this fact we can show by American and English statistics combined that the deaths from vaccination occur at a higher ratio than the deaths from smallpox.

Great, truly, is vaccination and its prophets, and its profits are truly great, for some people. Millions upon millions are invested in it, and doctors hold the stock.

In order that our position on anti-vaccination may not be misunderstood we desire to say here that all the reform we wish is this, to let those who believe in vaccination have all they want of it, but they should not be permitted to force it on anyone else; and to truly record and publish all deaths or injuries caused by vaccination, and all fair minded persons should be willing to agree to this. We do not wish to force our opinions regarding vaccinaton upon anyone and are fully determined that they shall not be permitted to force their opinions upon us.

There are too many men in this country with good red blood in their veins, who are determined to resist the enforcement of this infamous outrage upon their natural rights. even unto death,

If public health be the plea for vaccination then there is far more reason that the privilege of public suffrage should depend on vaccination, rather than the privilege of education, since it is an incontrovertible medical and statistical fact that the school age is actually the least susceptible to smallpox and more susceptible and far more in need of this peculiar law, for the compulsory infliction of disease, if there is any virtue in such a medical and legal barbarism.

Voters, how would you like to have to submit to a certificate of vaccination before you would be allowed to register or vote? And, if it is not needed for you, it certainly is not needed for the most immune age in our population —our school children.

We appeal to you, gentlemen of the Connecticut Legislature of 1911, to fairly weigh the evidence which will be presented to you, from time to time, on this question, and, in casting your vote to decide a matter of such vital importance to your fellow citizens and yourselves, we trust you will do justice to those who have entrusted their welfare to you, by repealing the compulsory vaccination laws and settling the matter right.

MAJOR THOMAS BOUDREN,

188 Elmwood Avenue,
Bridgeport, Conn.

HERBERT SPENCER ON VACCINATION

"When once you interfere with the order of Nature there is no knowing where the results will end," was the remark made in my presence by a distinguished biologist. There immediately escaped from him an expression of vexation at his lack of reticence, for he saw the various uses I might make of the admission.

Jenner and his disciples have assumed that when the vaccine virus has passed through a patient's system he is safe or comparatively safe, against smallpox, and there the matter ends. I will not here say anything for or against this assumption.* I merely propose to show that there the matter does not end. The interference with the order of Nature has various sequences other than that counted upon. Some have been made known.

A Parliamentary Return issued in 1880 (No. 392) shows that comparing the quinquennial periods 1847-1851 and 1874-1878 there was in the latter a diminution in the deaths from all causes of infants under one year old, of 6,600 per million births per annum; while the mortality caused by eight specified diseases, either directly communicable or exacerbated by the effects of vaccination, increased from 20,524 to 41,353 per million births per annum—more than double. It is clear that far more were killed by these other diseases than were saved from smallpox.

To the communication of diseases thus demonstrated, must be added accompanying effects. It is held that the immunity produced by vaccination implies some change in the components of the body: a necessary assumption. But now if the substances composing the body, solid or liquid or both, have been so modified as to leave them no longer liable to smallpox, is the modification otherwise inoperative? Will any one dare to say it produces no further effect than that of shielding the patient from a particular disease? You cannot change the constitution in relation to one invading agent and leave it unchanged in regard to all other invading agents. What must the change be?

There are cases of unhealthy persons in whom a serious disease, as typhoid fever, is followed by improved health. But these are not normal cases; if they were, a healthy person would become more healthy by having a succession of diseases. Hence, as a constitution modified by vaccination is not made more able to resist perturbing influences in general, it must be made less able. Heat and cold and wet and atmospheric changes tend ever to disturb the balance, as do also various foods, excessive exertion, mental strain. We have no means of measuring alterations in resisting power, and hence they commonly pass unremarked. There are, however, evidences of a general relative debility.

Measles is a severer disease than it used to be, and deaths from it are very numerous. Influenza yields proof. Sixty years ago, when at long intervals an epidemic occurred, it seized but few, was not severe, and left no serious sequels; now it is permanently established, affects multitudes in extreme forms, and often leaves damaged constitutions. The disease is the same, but there is less ability to withstand it.

There are other significant facts. It is a familiar biological truth that the organs of sense and the teeth arise out of the dermal layer of the embryo. Hence abnormalities affect all of them: blue-eyed cats are deaf and hairless dogs have imperfect teeth. (Origin of Species, Chapter I.) The like holds of constitutional abnormalities caused by disease. Syphilis in its earlier stages is a skin disease. When it is inherited the effects are malformation of teeth and in later years iritis (inflammation of the iris). Kindred relations hold with other skin diseases; instance the fact that scarlet fever is often accompanied by loosening of the teeth, and the fact that with measles often go disorders, sometimes temporary, sometimes permanent, of both eyes and ears. May it not be thus with another skin disease—that which vaccination gives? If so, we have an explanation of the frightful degeneracy of teeth among young people in recent times; and we need not wonder at the prevalence of weak and defective eyes among them. Be these suggestions true or not, one thing is certain:—the assumption that vaccination changes the constitution in relation to smallpox and does not other wise change it is sheer folly.

TOTAL CHILDREN KILLED BY VACCINATION IN 1909 AND 1910

The following vaccination murders are only a few of the thousands that have occurred and are still occurring whenever and wherever the killing disease grafter is allowed to blood poison and destroy children for a price:

1909

February 3, Floyd Tinsley ,age 12 years, son of William G. Tinsley, 2323 Prospect avenue Kansas City, Mo., died from tetanus caused by vaccination.

May 15, J. H. Hendrix, adult, Corpus Christi, Texas died from tetanus caused by vaccination.

June 3-17, Florence E. Lindenau, age 6 years, daughter of Paul Lindenau, Peekskill N. Y., critically ill from tetanus caused by vaccination.

June 4, Roy Emerson, age 6 years, son of M. C. Emerson, Deer Park, Wis., reported dead from effects of vaccination.

June 6, Walter Lloyd Smith, age 6 years, son of Floyd R. Smith, 21 Lincoln street, Cortland, N. Y., died from tetanus caused by vaccination.

June 17 (about), Ruth Brill, age 2 years, daughter of Max Brill, 109 Elizabeth street, Peekskill, N. Y., died from tetanus caused by vaccination.

July 9, Elenora Helen Kamm, daughter of Julius H. Kamm, 2626 Winter street, Fort Wayne, Ind., died from septic endocarditis caused by vaccination.

August 11, Annie O'Connell, adult, an emigrant, daughter of Mrs. Catherine O'Connell, Cloghroe, Inniscara, County Cork, Ireland, suffering from loss of speech and memory as a result of vaccination, at the home of her aunt, Mrs. Hannah O'Connor, 523 East street, New Haven, Conn.. reported improving September 27.

August 6, Paul Westydk, age 14 years, son of Mrs. Tunis Westydk, 437 Gregory avenue, Passaic, N. J., died from blood poisoning caused by vaccination after an illness lasting a year.

August 19, Layton M. Easton, age 6 years, son of Mrs. D. A. Easton, 1665 Hyde street, San Francisco, Calif., died from tetanus caused by vaccination.

August 26, Harvey F. Roberts (or Iserman), age 7 years, son of Mrs. Frederick Iserman, 2009 Seventeenth street, San Francisco, Calif., died from tetanus caused by vaccination, at the University of California Hospital.

September 7, Myra B. Hunter, age 6 years, daughter of Harry E. Hunter, Spring City, Pa., died from tetanus caused by vaccination, at the Methodist Hospital, Philadelphia.

September 15, Edward Dillon, age 6 years, son of Michael Dillon, 27 Spring street, Everett Mass. died from tetanus caused by vaccination.

September 17, Myrtle Ruth, age 7 years, daughter of Edwin Ruth, 40 Wall street, Bethlehem, Pa., died from tetanus caused by vaccination.

September 19, Barbara Hudson, age 8 years, daughter of Harvey Hudson, 39 Parsons street, Brighton, Mass., critically ill from inflammation of the brain caused by vaccination, remaining unconscious for eleven days.

September 19, Albert R. Thompson, age 6 years, son of Edward F. Thompson, 2928 W. Ogden street, Philadelphia, Pa., died from tetanus caused by vaccination, at the Mary J. Drexel Home.

September 22, Allard Winfield Lunt, age 6 years, son of Percy T. Lunt, Gardiner, Me., died from tetanus caused by vaccination, at the home of his grandmother, Mrs. F. C. Morrill, 116 Pearson avenue, West Somerville, Mass.

September 25, Harold C. Hanschutz, age 5 years, son of Rudolph Hanschutz, 164 Babcock street, Hartford, Conn., died from tetanus caused by vaccination, at the Hartford Hospital.

September 26, Margaret Jaynes, age 14 years, daughter of R. V. Jaynes, 39 Lebanon street, Malden, Mass., critically ill from inflammation of the brain caused by vaccination, remaining unconscious for a week or more.

September 28, Arnold Court, age 6 years, son of William Court, 324 Wortley Road, London, Ontario, Canada, died from tetanus caused by vaccination, at the Victoria Hospital.

October 1-10, Ernestine Strehle, age 5 years, daughter of Frederick N. Strehle, 166 Albion street, Somerville, Mass., critically ill from tetanus caused by vaccination.

October 5, Wilson C. Underwood, age 5 years, son of Percy K. Underwood, 192 Jerome Place, Bloomfield, N. J., died from tetanus, caused by vaccination.

October 10, Paul Gabrielian, age 5 years, son of M. C. Gabrielian, M. D., Pipersville, Pa., died from tetanus caused by vaccination at the Jefferson Hospital, Philadelphia, Pa.

October 10, William Plumridge, age 6 years, son of Frederick W. Plumridge, 6021 Vine street, Philadelphia, Pa., died from tetanus caused by vaccination, at the West Philadelphia Homeopathic Hospital.

October 23, Harry Lyle, stepson of E. Bert Weaver, Third avenue, Collingswood, N. J., reported convalescing after being critically ill from tetanus caused by vaccination, at a private hospital, Philadelphia, Pa.

October 27, Cecilia McCafferty, age 7 years, daughter of Daniel McCafferty, 2623 Almond street, Port Richmond, Philadelphia, Pa., died from effects of vaccination at the Episcopal Hospital after having an eye excised.

November 6, Mildred Wilson, age 8 years, daughter of Hugh O. Wilson, 920 Jackson street, Fort Wayne, Ind., died from uremic toxemia caused by vaccination.

November 10, Kathleen Leisenring, age 6 years, daughter of Jacob Leisenring, Gear Gap, Pa., died from tonsilitis, followed by dropsy, caused by vaccination.

November 17, Wilbur Jantz, age 8 years, son of Louis F. Jantz, 659 High street, Fort Wayne, Ind., died from tetanus caused by vaccination.

November 20, Edward Tierney, Fort Wayne, Ind., taken to St. Joseph's Hospital, critically ill from tetanus caused by vaccination.

November 23, Elmer Deu Friend, age 6 years, son of Joseph Deu Friend, 3710 Cottage avenue, St. Louis, Mo., died from tetanus, caused by vaccination.

1910

February 19, Charles Straight Hall, age 7 years, only son of M. F. Hall, 503 Barraque street, Pine Bluff, Ark., died from tetanus caused by vaccination.

March 15, Mrs. Frank Gilliland, age 29 years, Ukiah, Oregon, died from blood poisoning, caused by vaccination, after an illness lasting several months, at St. Anthony's Hospital, Pendleton, Oregon. She was survived by five children the oldest under 16 years of age.

March 15, G. W. Luck, adult, 67 Greenwood avenue, Atlanta, Ga., died from a complication of diseases caused by vaccination, after an illness lasting a month.

July 19, Henry Wondsneider, aged 3 years, son of Albert Wondsneider, Port Huron, Mich., died from generalized vaccinia caused by vaccination.

July 26, Roger Howell, age 9 years, son of J. F. Howell, 839 Herring avenue, Birmingham, Ala., died from effects of vaccination.

July 27, Frank Holmberg, age 6 years, son of Frank Holmberg, 600 Ninth avenue, Juniata, Pa., died from tetanus caused by vaccination, in Brooklyn, N. Y.

September 1, Christine Cousline, age 6 years, Lancaster, Pa., died from tetanus caused by vacination.

September 2, Charlotte F. Constein, age 6 years, daughter of Frederick Constein, East Petersburg, Pa., died from tetanus caused by vaccination, in Lancaster, Pa.

September 9, Helen Wilson, age 6 years, daughter of James Wilson, Lancaster, Pa., died from tetanus caused by vaccination, at the General Hospital.

September 16, Geraldine C. Hepler, age 7 years, Franklin, Pa., reported dead from tetanus caused by vaccination.

September 17, Audrey May Drabenstadt, age 6 years, daughter of Amos Drabenstadt, 103 Hanna street, Harrisburg, Pa., died from tetanus caused by vaccination.

September 18, Geraldine C. Hepler, 7 years old, of Franklin, Pa., died of lockjaw, caused by vaccination

September 25, James Loyal Little, 5 years old, son of James L. and Lucy L. Little, of St. James' avenue, Springfield, Mass., died of lockjaw, caused by vaccination.

September 26, Florence Parvey, 6 years old, of Irvington, N. J., died in the City Hospital at Newark, N. J., of lockjaw caused by vaccination.

October 1, Vernon Prouty, 7 years old, son of Arthur Prouty, 22 Meridian street, Dayton, Ohio, died from lockjaw caused by vaccination.

October 3 Frederick Cgchiam, age 6 years, 123 Preston street, Detroit, Mich., died from lockjaw caused by vaccination.

October 4, George Varian, 7 years old, 2001 Belmont avenue, Newark, N. J., died from lockjaw, caused by vaccination in the Newark City Hospital.

October 5, Russell Hopkins, age 6 years, 417 S. Sixteenth street, Newark, N. J., critically illl from spinal meningitis and lockjaw, caused by vaccination at the City Hospital.

October 7, Minnie Parker, 6 years old, of 3250 Aramingo street, died from lockjaw, caused by vaccination.

October 9, Robert Schuster, age 6 years, son of R. M. Schuster, 1220 Pine street, St. Louis, Mo., died from lockjaw caused by vaccination at the American Association Hospital.

October 10, Josie Aguilara, age 5 years, Santa Barbara, Cal., died from blood poisoning caused by vaccination.

October 10 (about), George W. D. Barrel, 1217 Market street, Wilmington, Del., died from lockjaw caused by vaccination.

October 10, daughter, age 5 years, of John Marctas, Santa Barbara, dying as a result of vaccination.

October 14, Tillie Mahon ,aged 9 years, daughter of Patrick Mahon, 129 Devon avenue, Kearny, N. J., died in St. McMichael's Hospital Newark, N. J., from lockjaw, caused by vaccination.

October 16, Harry Fulmer, age 7 years, son of George Fulmer, 256 W. Birch street, Philadelphia, Pa., died from lockjaw caused by vaccination at the Episcopal Hospital.

October 17, Wlliam Knutz, age 7 years, 7819 Walter street, St. Louis, Mo., died from lockjaw caused by vaccination.

October 22, Edward M. Berry, age 6 years, son of August Berry, 1021 Chestnut street, Wilmington, Del. died from cerebro-spinal meningitis caused by vaccination.

October 28, Gwendolyn Brasher, age 6 years, St. Louis, Mo., died from lockjaw caused by vaccination at the Jewish Hospital.

October 28, Charles Ware, age 9 years, Millville, N. J., died from lockjaw caused by vaccination at the Medico-Chirurgical Hospital, Philadelphia, Pa.

October 29, Mary Lukcso, age 7 years, daughter of John Lukcso, 15 Kundtz avenue, S. W., Cleveland, Ohio, died from lockjaw caused by vaccination at St. John's Hospital.

October 31, Archer Ansell, age 5 years 6416 Callowhill street Philadelphia, Pa., died from lockjaw caused by vaccination at the West Philadelphia Homeopathic Hospital.

November 15, Lulu Terwilliger, age 9 years, daughter of Clyde Terwilliger, Bad Axe, Mich., died from lockjaw caused by vaccination.

November 15, Margaret Graham, 4 years old, 6427 Paschall avenue, died in the Medico-Chi Hospital from lockjaw caused by vaccination.

December 5, Rose Brogan, age 6 years, daughter of Philip Brogan, Washington Lane and Sullivan street, Germantown, Philadelphia, Pa., died from lockjaw caused by vaccination, at the Chestnut Hill Hospital.

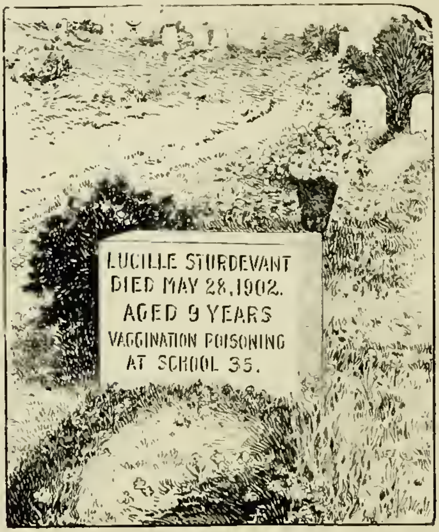
November 29, Grace Lawrence, Detroit, Mich., had her left arm amputated on account of blood poisoning caused by vaccination.

November 28, Wlfred McKenna, age 7 years, son of Michael McKenna, St. Charles, Mich., died from lockjaw caused by vaccination.

THIS CHILD DIED THIRTEEN DAYS AFTER BEING VACCINATED

"Vaccine virus is the morbid poison of an infectious disease."—See Century Dictionary.

This sweet little girl rides right into the hearts of people from Maine to California wherever her winsome face has become known. She was mourned by her fond parents as the brightest and best of children. She was an only child. Think what that means, you who have lost children, and of what it


LUCILLE STURDEVANT
DIED MAY 28,1902.
AGED 9 YEARS
VACCINATION POISONING
AT SCHOOL 35.

would mean to you to have lost your only child as the result of forced vaccination.

The father of the child, Homer E. Sturdevant, did all he was able to do to make this costly sacrifice save other children. He placed upon her tombstone the cause of the child's death; he brought suit against the city of Buffalo for $25,000 damages. He has properly given all possible publicity to the case. For these things he has been persecuted and deprived of his situation as a passenger conductor on the Lehigh Valley Railroad. He has lost other employment on account of it. But he still adheres to his purpose to make the compulsory vaccination of children a costly thing to the community that permitted it, and to do all he can to save other children from such poisoning and possible death.

The circumstances of this child's vaccination and death are as follows:

On May 15th, 1902, she was in school 35, Buffalo, N. Y., and two public vaccinators, accompanied by two policemen visited the school to engraft cow-virus into the children at $1.00 a head. Though Lucille was only six years years old she objected, saying she had been vaccinated and that she would go home and be vaccinated if she must. In spite of this the officers threatened and forcibly vaccinated her.

Just thirteen days later, and after ten days of suffering from blood poisoning, she died. This is one of the most pathetic cases on record. The sequel is almost as sad.

The mother lost her reason, and was placed in an asylum. The father, persecuted, broken and discouraged, took to drink.

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VACCINATION MORE FATAL THAN SMALLPOX

List of Deaths from Smallpox, Chickenpox and Vaccination, as given by the Registrar General of the Vital Statistics of England for several years. Population in area of registration, 21,000,000:

Year	Smallpox	Chickenpox	Vaccination
1906	21 deaths	106 deaths	29 deaths
1907	10 deaths	120 deaths	12 deaths
1908	12 deaths	93 deaths	13 deaths

Ratio of Deaths to Vaccination as given by the Registrar General of England in Reports for 1906, 1907 and 1908:

1904, 28 deaths from vaccination, one death to every 25,411 vaccinated.

1905, 26 deaths from vaccination, one death to every 32,493 vaccinated.

1906, 29 deaths from vaccination, one death to every 23,689 vaccinated.

Ratios for 1907 and 1908 not reported yet.

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The Crime
Against the School Child

BY

CHAS. M. HIGGINS

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INTRODUCTION:

THE FUNDAMENTAL LEGAL AND MEDICAL FACT AGAINST ALL COMPULSORY VACCINATION

The Public Letter of Advice to a parent of school children forming the first part of this pamphlet, as well as the supplement forming the final part, are both specially addressed to parents and school officers in our own State of New York and this address is intended to be an exhaustive consideration of our new school vaccination law, passed in 1915 and now in force in this State, known as the Loyster-Tallett Law, with the special purpose of showing the evil and illegal features of this particular law and the legal defenses by which its enforcement in our schools may be frustrated, or on which it may be wholly invalidated in our courts if tested there.

The advices given and defenses suggested in this pamphlet are, however, not confined to the vaccination law now in force in New York State, but apply equally in all other States where similar laws attempt to force vaccination in any form on any section of the people against free will and consent or as a condition for the exercise of any inherent or fundamental right of the citizen or his child.

The fundamental legal and medical facts now set forth in these advices and defenses may be briefly epitomized here by stating that all compulsory vaccination is essentially illegal and criminal in its very nature from a truly logical, legal and constitutional basis, and cannot be validly forced on any person, for the reasons expressed in these simple propositions:

First: No valid law can be based on what is essentially and demonstrably a falsehood, but must be based on actual truth.

Now all compulsory vaccination law is based on this triple falsehood, viz., that compulsory vaccination of a part or the whole of the population is necessary to prevent smallpox epidemics, that nothing else prevents smallpox epidemics but general vaccination, and that vaccination is perfectly safe and harmless and never causes injury or death. All of these propositions are absolutely and demonstrably false, and therefore any law based on them is absolutely invalid.

Second: To inflict a bodily wound on any person, forcibly or against the will of that person, and to inoculate into that wound an infectious disease which may infect the whole body and destroy health or life, as occurs in the act of vaccination, is an illegal and criminal act in fact and law under the simplest fundamental principles of common law, statute law and constitutional guarantees; and any law allowing or authorizing such an act is, of course, absolutely invalid.

Third: The medical profession, interested in vaccination, constantly represents that this medical and surgical operation known as vaccination is actually necessary for the health of school children and is perfectly safe and harmless for them and never causes injury or death. This false representation greatly aggravates the legal offense of the coercive vaccinator and the crime of forced vaccination, because for any doctor to represent and recommend to a patient a surgical operation like vaccination as actually necessary to his health and perfectly safe and harmless, which is not at all necessary for health and which is essentially and potentially dangerous and deadly in every case and now actually kills more children than smallpox, is in itself obviously a grave medical malpractice and is believed to be actually a positive crime under our present laws and indictable and punishable as such.

Under these fundamental legal and medical facts, therefore, which we believe to be impregnable as a matter of legal, medical and statistical demonstration, no parent of school children or local or general school officer, high or low, in this State or other states, need pay any attention to any attempt to force compulsory vaccination upon them, except to denounce it as a form of child slaughter, medical barbarism and legal crime, and refuse to have any of the children in their charge forcibly vaccinated or excluded from school or denied their fundamental right to education and to health; but parents and school officers must insist upon the free legal right to education for every healthy child in this State without having first to endanger its health or life by compulsory disease, as fully set forth in the advices and defenses given in this pamphlet.

CHAS. M. HIGGINS,
Member of Anti-Vaccination League and League for Medical Freedom.

271 Ninth St., Brooklyn, N. Y.
October 4, 1915.

The Crime Against the School Child.

An Expose of the New Loyster-Tallett Law in the State of New York which Now Forces Compulsory Vaccination on Every School, Public and Private, in the Ten Leading Cities in the State, viz., New York, Buffalo, Rochester, Syracuse, Albany, Yonkers, Schenectady, Utica, Troy and Binghampton, but Removes it From the Country Districts.

How Our Country Politicians, in a Deal with Medical Interests in the State, Put Compulsion More Heavily on Our Big Cities but Took it Off their Own Country Districts, and How the State Commissioner of Health Saved His Own Official Head in the Deal.

How to Legally Defeat this Evil Law Shown.

Vital Points for Lawyers and Laymen.

Note.—This letter of advice to one inquiring parent is now published as an open public letter for the benefit of other parents of school children and for all school officers in the State and for the public generally.

Mr. Leroy A. Mershon,
55 Cedar Street,
New York City.

Dear Sir:

Your letter of August 17th was duly received but was not answered before this on account of absence from town.

THE NEW VACCINATION LAW FOR CITY AND COUNTRY.

I note that you wish to get your boy admitted to public school No. 152 in Flatbush in the Borough of Brooklyn without vaccination, which you strongly object to. I understand that the boy has never been vaccinated but has heretofore attended the Staten Island Academy in the Borough of Richmond, which I believe is a private school, where vaccination was not required under the old law, which applied to public schools only. This year, however, a new law was passed known as the "Loyster-Tallett Law," which is much worse than the old law and applies to all schools, public and private, in this State. It is called the Loyster-Tallett Law because it was drawn by Mr. James A. Loyster of Cazenovia, Madison County, in consultation with the State Department of Health, and apparently to suit this department and other medical interests, and it was introduced in the Legislature by Mr. Loyster's local representatives, Assemblyman Tallett of Madison County and Senator Jones of Chenango County. Notwithstanding vigorous opposition to this evil law from different parts of the State, it was finally passed under the false representation that it did not apply to New York City at all, and many of our legislators from New York City actually voted for it, being misled by this false idea by somebody, whereas this law applies particularly to New York and to the four other big cities in the State, viz., Albany, Syracuse, Rochester and Buffalo, as well as to the five smaller cities of the second class, viz., Yonkers, Schenectady, Utica, Troy and Binghampton, making vaccination necessary for admission to any school, public or private, in any of these ten cities which contain two-thirds of the population of the whole State; while in the country districts in all the rest of the State outside of these ten big cities children can be freely admitted without vaccination unless a case of smallpox should some time arise in the town or district, when the unvaccinated children may be excluded, but not until then.

This peculiar Loyster-Tallett-Jones Law is obviously another glaring instance where the country politicians seem to control the making of laws for New York City; and in this shameful piece of medical legislation the country politicians seem to have actually succeeded in making a deal with some medical interests in the State, which seem to control our legislation, to take compulsory vaccination off the schools in their own country districts for the price of inflicting it more heavily than ever on the big cities of the State where the profit to the vaccine and medical interests will be obviously greater. Another feature that seemed to figure in this deal relates to the status of State Health Commissioner Biggs himself, against whom a special bill was introduced to legislate him out of office for the alleged reason that he gave only a part of his time to the public business of the State and most of his time to his own private practice, at the big salary of $8,000 per year. This bill was introduced by Mr. Hinman of Albany in the Assembly, March 23rd, and provided that the Health Commissioner must give all his time to the business of the State, and it was passed unanimously on April 8th without a dissenting vote, but was not forced in the Senate for some reason which the country politicians can tell us if they will. Coincidentally Commissioner Biggs approved the bill of the country politicians to take compulsion off their own country schools but to put it heavier on all the city schools, although this bill was strongly opposed by the medical societies of the State who are opposed to any relaxation of the dangerous but profitable practice of vaccination in either city or country. Nevertheless the country politicians got their bill through, taking compulsory vaccination off their own country schools, and Commissioner Biggs saved his official head by the defeat of the bill to make him either resign or give all his official time to the business of the State, for which he is so well paid. I make no comment on these legislative, medical and political facts, which seem to speak clearly for themselves and show how some of our laws are made and what influences sometimes determine their passage and what a dangerous grip the medical powers—the most dangerous in our body politic—now have on the people of this State to be able to dictate or determine our laws, as will hereafter more fully appear.

MR. LOYSTER'S PECULIAR WORK.—CAN ANY ONE EXPLAIN IT?

Mr. Loyster, who seems to be quite something of a country politician himself, being a member of the State Republican Committee, and evidently having considerable political influence in the Legislature, excused the passage of this shameful and cowardly law on the ground that it was the only concession he could force from this dangerous medical power which, as I have just said, seems to have such a sinister grip on the legislature and people of this State.

POLITICAL COWARDICE AND MEDICAL CRAFT.

That it was a most cowardly piece of political work, whoever was responsible for it, to be satisfied with getting the evil of compulsory disease taken off the country schools in their own political districts for the price of putting it heavier on all the schools, public and private, in all the big cities of the State and for the further price of giving the vaccinating doctors double pay for this evil work, is so obvious and "raw" in its moral and political ugliness that it needs no further comment here. But perhaps there was some special reason for this peculiar piece of work, which some of our politicians can explain to us if they will.

MR. LOYSTER'S PAMPHLET.

Now with regard to Mr. Loyster, it must be specially noted that this intelligent man was a most grievous sufferer himself from the medical crime of compulsory vaccination, having lost his own precious boy through this medical evil last summer, and he has since published a striking pamphlet as a memorial to his lost boy, showing the deaths of about thirty children from coercive vaccination in this State in 1914. A copy of this remarkable pamphlet will be mailed upon request, accompanied by ten cents to cover costs of printing and postage. The title of this pamphlet is "Vaccination Results in New York State in 1914," and it is illustrated with photographs of many children killed by vaccination in this State in the great vaccination raid of 1914 improperly forced upon the schools of the State by the Department of Education under the illegal dictation of the Department of Health.

In this pamphlet Mr. Loyster shows what our League has been impressing on the public for years, that vaccination is killing more children than smallpox and is now not only more dangerous than smallpox, but is quite needless as an alleged remedy for its prevention. In his "conclusions" he manfully took the same ground that we have been urging for years, demanding the complete repeal of all compulsion as the following extracts from his pamphlet will show, viz.:

(1) "Vaccination has been the cause, directly or indirectly, of the death of at least fifty children in New York State in 1914."

(4) "Vaccination of children is wrong in principle, is not in harmony with the trend of the best medical practice and should be abandoned."

(8) "A new section of the Public Health Law should be enacted which should provide for the repeal of compulsory vaccination as a prerequisite for an education."

Notwithstanding this clear re-echo of the principles of our League from a man who is not a member of it, and, shameful and strange to say, this man drew up a bill in connection with the State Departments of Health and Education which violated every one of these principles and gave this bill to his local legislators to introduce, using all his own political influence to rush it through the legislature. This shocking bill, as first drawn, instead of reducing or repealing compulsion, actually gave the medical interests everything they had been trying to get for years past and which our League had so far prevented, viz.:

(1) Compulsory vaccination on every school child in the State, public and private.

(2) Forced vaccination of every school child *repeated every year!*

(3) It changed the discretionary enforcement of the law from the school officers who have no pecuniary interest in vaccination, as in the

old law, to the mandatory enforcement of the health officers having *a direct pecuniary interest in this enforcement;* and,

(4) It actually gave the vaccinating doctors extra or *double pay* for every vaccination performed, as you will note in paragraph 3 of this law annexed, which is in gross violation of the State Constitution, Article III, Section 28. This remarkable piece of medical craft and graft was probably either the result of Mr. Loyster's own innocent ideas or the crafty work of the medical or vaccination interests in this State into which he was unconsciously misled by his unfamiliarity with and newness in this whole subject. After drawing this bill he submitted it to us for approval and actually had the simplicity or effrontery to expect that the members of our League were such fools, cowards, stultifiers and traitors that we could be expected to co-operate with him in the advancement of such a stupid and dangerous measure instead of fighting against it to the end as representing every evil against which we had been working steadily for years and as a complete surrender to the advocates of medical compulsion of everything for which they had been long striving and which they now get in this Loyster Law. We therefore believe that for a man of Mr. Loyster's intelligence, with his experience of acute suffering from vaccination and his evident political influence in the State, that for him to have drawn and advocated any such bill, or to work for or accept any reform less than a full repeal of all compulsory vaccination, which by his own showing killed his own son and forty or fifty other children in the State in one year, was nothing less than a most contemptible piece of political cowardice which makes a most shocking anti-climax to his remarkable pamphlet and a most sinister monument to his martyred boy, which must forever haunt and mock at him for the rest of his life unless he immediately repents of this mistake by working for the absolute repeal of the present shameful law at the earliest possible moment.

From what has been already shown it is almost needless to now say that such a law as I have just described—the present Loyster-Tallett-Jones Law—is a moral crime on the people of this State and is, I believe, clearly illegal and unconstitutional on broad legislative principles, but, of course, it will take a great deal of hard work and much expense to defeat such laws in our courts, no matter how bad they are, a work which I presume men like yourself are not anxious to tackle or able to undertake.

I enclose one of my pamphlets, "A Heart to Heart Talk," which will show you how our League has fought this evil law to the very end. It was finally passed, however, and signed by the Governor about

April 1st, with a serious change which we helped to compel, viz., cutting out the condition for vaccination every year, but the evil of separate laws for city and country districts was added, which, backed by the country politicians and the State Department of Health, we were not able to defeat but which will yet kill this law in our courts, if not repealed before this legal test is made, as this arbitrary local discrimination against the cities makes this enactment an illegal class law and not a "law of the land."

SMALLPOX TEN TIMES MORE FREQUENT IN COUNTRY THAN CITY

The alleged reason for taking rigid compulsion off the country districts and putting it on the cities was the false and stupid reason that smallpox is less frequent in the country than in the city, whereas the very reverse is the fact, smallpox being actually more of a country disease than a city disease and being usually from five to twenty times more frequent in the country than in the city. For example, in 1914 the total number of smallpox cases in our whole State of ten millions was 791 with only 3 deaths! The 3 deaths were all in the districts outside of the 5 big cities; and only 24 of these cases occurred in New York City, with over half the population of the State, and only 41 of the 791 cases occurred in the ten leading cities, containing two-thirds of the whole population of the State. On the other hand, 749 cases occurred in the country districts, having only one-third of the total population, or nearly thirty times the absolute number in New York City or sixty times the relative number! This remarkable showing of statistical facts is sufficient proof of the folly and falseness of our vaccination laws and the gross ignorance or dishonesty of some of their advocates or promoters and beneficiaries.

HOW TO LEGALLY EVADE AND DEFEAT THE LOYSTER LAW

FIRST DEFENSE: DOCTOR'S CERTIFICATE OF DANGER TO HEALTH OR LIFE

Under the present circumstances, therefore, the best advice I can now give you for legally defeating or evading this evil law and getting your child admitted to school without the serious or fatal danger of vaccination is to get a doctor's certificate that vaccination will be injurious to your child in his present state of health, upon which certificate he can be admitted to any public school under existing rules of the Department of Education. You will find that there are several good doctors in the city strongly opposed to child vaccination who are fully aware of its great dangers to the health and life of children and who know that there are many children so susceptible to this form of blood poisoning as to make it highly dangerous or possibly fatal to them.

DEATHS OF 30 CHILDREN FROM VACCINATION IN 1914

We have now on hand positive and circumstantial evidence, sufficient to convince any ordinary jury, of nearly thirty deaths of school children from vaccination, by lockjaw and other blood infections introduced in the vaccination wound, all in 1914 in this State alone! Three or more of these deaths occurred in Brooklyn or its vicinity, whereas there were only three deaths from smallpox in the whole State in the same year! As supplemental to this irrefragable evidence against vaccination, the yearly reports of the highest statistical authority in the world, the Registrar-General of England, show that for several years past the deaths of children from vaccination greatly exceed deaths of children from smallpox, and yet our health officials and vaccinating doctors in this City and State constantly deceive the public mind with the outrageous medical and statistical falsehood that vaccination is perfectly safe and harmless and never causes any serious injury except that brought about by the fault of the patient himself.

THE GREATEST SIN IN THE MORAL CODE COMMITTED BY VACCINATORS.

This awful falsehood of our vaccinators constantly uttered that vaccination is perfectly or relatively safe and harmless, may therefore be said to come under the classification of the highest sin in the moral code of Christianity known as "the sin against the Holy Ghost"—the Spirit of Truth—which consists in brazenly "impugning the known truth" for the motives of some concealment of error, pride of opinion or professional profit. This is the gravest of all sins which The Greatest Hebrew Prophet has solemnly told us will not be forgiven either in this world or the world to come!

SECOND DEFENSE (FOR CITY PARENTS): CHANGE RESIDENCE TO COUNTRY DISTRICT

Another good suggestion I can give you for the defense of your children against this barbarous law which makes compulsory disease a pre-condition for education, is to change your residence to one of the suburbs on the outer edge or beyond the limits of New York City, where children can be admitted under the present law without vaccination.

THE THIRD DEFENSE—PRIVATE SCHOOLS AND CONSTITUTIONAL RIGHTS.

A further suggestion is to send your child to any of the big private schools in the City, the Friends School or the Berkeley Institute for instance, which are opposed to compulsory vaccination and in which it is believed that the Health officials or medical interests back of them will not attempt to enforce the present evil and illegal law and where this law will be readily broken down if legally tested there. My own children go to the Friends School and to the Packer Institute, and I am prepared to legally defend them from this almost criminal law and defeat it legally in the courts if any attempt is made to deprive the children of these schools or their parents of any of our inalienable and constitutional rights—the highest and most indispensable of these rights being obviously the right to education—which our medical despots will find cannot be taken away from any citizen in this great State *"unless by the law of the land* or *the judgment of his peers"* (see State Constitution Article 1st).

COMPULSORY VACCINATION LEGALLY A CRIME

The present law is not a "law of the land," as already shown, but is the law of a political and medical clique which controls our legislation applied arbitrarily to one section of the people only and passed under conditions which I believe will not stand the light of day and are illegal, as I showed in my protest at the hearing before the Governor. This law, in fact, impresses an illegal and criminal condition on the citizen and parent, that he must first endanger the health or life of his healthy child as a condition for education by deliberately inflicting upon him a disease of blood poisoning, which is now demonstrably more dangerous to public health and human life than smallpox itself and actually kills more children every year than smallpox and has also been proved to be the cause of our great epidemics of foot and mouth disease of cattle, which have caused the slaughter of hundreds of thousands of farm animals all over this country in 1902, 1908 and 1914, and have already cost the State and National governments and our farmers, dairymen and stockmen many millions of dollars. Of course, no such evil practice capable of such deadly results can be forced legally on any person in this State under our fundamental laws and charters.

FOURTH DEFENSE: CRIMINAL PROSECUTION OF VACCINATORS UNDER COMMON LAW AND PENAL CODE

You will see that I have described forced vaccination under the present Loyster Law as a crime on the people, which I insist upon with all legal soberness and seriousness because it is actually a crime under common and statute law to maim, wound or assault the human body or to inflict upon it any medical malpractice or infectious disease capable of causing serious injury or death, and particularly is it a crime to inflict such a malpractice on children under section 483 of the Penal Code, which prohibits *"Endangering Life or Health of Child,"* and it is therefore high time that all persons who may be legally or morally responsible for the killing of the thirty or more children in this State by forced vaccination in the last year were tried before a Common Court and Jury under these laws.

FIFTH DEFENSE: NO LEGAL POWER EXISTS TO COMPEL VACCINATION

VACCINATION LAW CONFLICTS WITH EDUCATION LAW AND DISTRICT SCHOOL OFFICERS HAVE POWER TO SUSPEND VACCINATION LAW AND ADMIT UNVACCINATED CHILDREN, ACCORDING TO DECISION OF DEPARTMENT OF EDUCATION BY COMMISSIONER DRAPER IN 1912.

This is a very important point of legal defense against the vaccination law which I wish to particularly impress upon and make plain to you and other parents and especially to all school officers in public or private schools.

NO LAW OR LEGAL POWER IN THE STATE TO COMPEL VACCINATION

Contrary to the general false idea there is absolutely no law in this State now and never was, directing, requiring or compelling any one to be vaccinated or directing or compelling any parent to have his child vaccinated to attend school or otherwise. In fact, some of our higher courts have decided that there is no power in the Legislature itself to make vaccination compulsory or compel any one to be vaccinated. See decision of Judge Gaynor against Health Commissioner Emery of Brooklyn in 1894, and the decision of the Court of Appeals sustaining Judge Gaynor. See also decision of Judge Woodward of the Appellate Court in the case of Viemeister in 1903. The Supreme Court of Massachusetts in the case of Jacobson in 1903 decided that it was not in the power of the law to compel vaccination of any one who objected to it, but only to collect the fine of five dollars. The Supreme Court of the United States, in this same case of Jacobson, decided in 1904 that the fine as an alternative to vaccination was constitutional, but Judges Brewer and Peckham dissented, evidently holding that not even this fine of $5 was constitutional as an effort to compel vaccination. This great court, however, agreed unanimously that vaccination could not be forced on any one who could show that it was dangerous to their health or life. Judge Bartlett of the New York Supreme Court in the case of Walters in 1894 decided that to compel vaccination by intimidation or force was criminal assault.

The only school vaccination law we now have or ever did have in this State does not compel any one to be vaccinated but merely authorizes the school officers to exclude or refuse admission to any child or other person who does not wish to adopt vaccination, but there is no power in the school officers or even in the law or legislature itself to compel any one to be vaccinated against will and consent. Now, therefore, while we have no vaccination law compelling or directing any one to be vaccinated, we have an *Education Law* which very clearly and positively compels all children between six and fourteen years of age in proper physical and mental health to *"attend upon instruction"* at a school of some kind, public or private. There is also a distinct law applying to all parents, or others in parental relation to children, compelling them to cause all healthy children of school age to "attend upon instruction" under positive penalties for neglect to do so. Now please note this important point, viz.: There is a distinct penal law compelling parents to send their children to school and also a law binding on the school officers compelling education for every healthy child, but there is no law whatever compelling any parent to have any child vaccinated to attend school or otherwise. Consequently every parent who sends his healthy child to school, whether vaccinated or not, obeys this law, and the school officers who refuse to admit such healthy child and give him education—his most indispensable and inalienable right which no one can take away from him—break this law. Therefore, the parent who will persist in sending his child to school and persist in refusing to have his health or life endangered by vaccination breaks no law whatever but faithfully performs his parental duties and fully obeys the laws as they are and cannot be prosecuted for failing to have his child vaccinated, as there is no such offense under any of our existing laws. On the contrary, the parent can properly plead that there is one penal law that he would violate if he had his child vaccinated, to the endangering of his health and life, viz., Section 483 of the Penal Code, on this very point already referred to.

DECISION OF COURT OF APPEALS IN EKEROLD CASE EXPLAINED

There is one recent decision of the Court of Appeals in the case of the parent Ekerold which has been grossly misrepresented by the vaccinators who try to make it appear that Ekerold was fined for not having his child vaccinated. He, of course, could not be legally prosecuted or fined for this act or omission because there is no law whatever compelling any parent to vaccinate his child under penalty of fine or otherwise, and it is, of course, as true in the laws of the State of New York as in the Epistle of St. Paul to the Romans that "where no law is there is no transgression." Ekerold was fined simply for not sending his child to school and not for failing to vaccinate him, and the whole decision turns on that point and the Court clearly pointed out that if Ekerold objected to vaccination he could easily have sent his child to private school, where vaccination was not required under the old law under which this decision was rendered. If, therefore, Ekerold had been properly advised in the first place he would have persisted in sending his child to the public school and demanded education for him there under the compulsory education law, and also would have persisted in his legal right to refuse to have the health or life of his child endangered by vaccination, and if the school officers then refused to give him education they would thereby be the breakers of the education law and not Ekerold, who could not, of course, be prosecuted under this law, which simply requires that parents cause their children to "attend upon instruction."

Now to show how sound and safe this point of law is I will simply state that there have been about half a dozen cases already tried before courts and juries in different parts of the State where it was attempted to convict and fine parents for violation of the education law under these very circumstances where parents persisted in sending their children to public school, but refused to have them vaccinated, and the jury failed to convict in every case and freed the parent.

DECISION OF COMMISSIONER DRAPER OF DEPARTMENT OF EDUCATION IN THE CASE OF THE TOWN OF OLEAN

If, therefore, you and other parents will combine and adopt this legal course and refuse to have your children vaccinated but persist in sending them every day to your local public school and demand instruction for them under the compulsory Education Law you will see that the school officers will soon find a good legal reason to admit them. This reason is in the law itself, as just explained, and in the decision rendered in the Department of Education at Albany by Commissioner Draper in 1912 in the case of the town of Olean, where hundreds of parents refused to have their children vaccinated on account of danger to health and life but insisted on their right to public education under the education law and where two thousand children have ever since attended school unvaccinated. The schools in Newburgh, Niagara Falls, and several other towns in the State have also admitted unvaccinated children freely on this decision. In this case Commissioner Draper decided that the vaccination law conflicted with the education law and that, as both laws could not be enforced, the school officers should suspend the vaccination law and enforce the education law until the Legislature should remove the conflict in the two laws. The Legislature has not yet, however, removed the conflict, as the new law is just as stupid and conflicting in this respect as the old law and therefore the decision of Commissioner Draper still holds as a binding authority on the Department of Education and on all public schools under it and it should here be fully understood that a decision of the Commissioner of Education is final and unappealable and binding on every public school officer in the State.

Under these legal principles, therefore, the officers of every public or private school in the State have power at their discretion to admit any child unvaccinated with or without a doctor's certificate, as mentioned in the First Defense.

RE-VACCINATION ILLEGAL—ONE VACCINATION SUFFICIENT

Another point that I wish to particularly impress upon you is that if your child has been once vaccinated, whether "successfully" or not, and no matter how many years ago, he cannot be legally required to be re-vaccinated under section 310, paragraph 1 of the present law applying to cities but must be admitted to school without re-vaccination. It may be that your child has been already vaccinated, although a long time since, and, if so, you can get him admitted to any public school in the cities under the present law without further vaccination.

ANOTHER VITAL LEGAL POINT

EDUCATION WHEN PAID FOR IS A RIGHT AND NOT A "PRIVILEGE"

The cases of Walters in 1894 and of Viemeister in 1903 were instances where parents attempted to force the admission of their children into the public schools without vaccination under the old law of 1893. In both these cases our courts decided that public education *"at the expense of the State"*—which means to a person who pays no school taxes or costs of education—is a "privilege" and not a "right." Walters and Viemeister it appears were *not* taxpayers and this point was actually raised against them in court. To a parent, however, who is a taxpayer and pays his school taxes or other costs of the education of his children, it is obvious that the case is quite different and that this legal point made in these court decisions does not apply to him and that paid-for education, public or private, is not a mere *"privilege,"* like free board for a pauper, but is clearly a citizen's *"right"* and cannot, we believe, be legally refused under the Compulsory Education Law to any tax-paying citizen or healthy child merely because the parent will not expose his healthy child to the serious or fatal danger of disease inoculation, which is in itself an illegal requirement, as before shown. We have already shown that the court in both of these cases admitted that there was no power in the law to compel any one to be vaccinated and that to force vaccination on any one was criminal assault.

These decisions, therefore, in no way refute the right of a tax-paying citizen to get his healthy child admitted to school without vaccination and particularly not where the school officer elects at his discretion to so admit him under the decision of the Commissioner of Education in the case of the town of Olean in 1912, as before cited, which is final and binding in the schools of the State, as has been shown.

Under these several decisions, therefore, there is everything to authorize and nothing to prevent any school officer, in public or private school, from exercising his discretion and admitting any healthy unvaccinated child, notwithstanding the present Loyster Law, which is actually legally non-enforceable in the case of every school officer who thus acts within his legal rights, as already indicated.

I will finally here point out a fundamental, vital and legal reason to justify any school officer in suspending the vaccination law in any school at any time, which is this:—The school vaccination law was passed by the Legislature under a medical deception and is now maintained on the people by a gross medical deception that this operation is entirely beneficial, necessary for the prevention of smallpox epidemics and perfectly safe and harmless, and never causes any injury or death, whereas, in fact, by government record, it now kills more children than smallpox, as shown by the reports of the highest statistical authority in the world, the Registrar-General of England. This positive fact, therefore, entirely alters the aspect of this medical operation before the Public, the Courts and the Law, so that there is sufficient solid ground in this legal, hygienic and statistical fact alone to justify any local school board in at once suspending vaccination in any school or district where this fact becomes apparent to their official minds. Our highest court in this country, the U. S. Supreme Court, in the case of Jacobson, appealed from Massachusetts, decided positively on this very point that vaccination could not be legally forced on any one who can show that it is dangerous to health and life, and two judges of this court by dissent held that this Massachusetts law to enforce vaccination by a fine was not constitutional.

DEATHS FROM VACCINATION GREATER THAN DEATHS FROM SMALLPOX

A PUBLIC CHALLENGE RENEWED

To prove the positive statement made in the previous paragraph as to the demonstrated fatality of vaccination and therefore the consequent illegality of its enforcement, I will now refer to the report of the Registrar-General of England and Wales for the recent year of 1911 where this most significant comparative data is given as to deaths from smallpox and vaccination for that year:

Total deaths from smallpox for all ages	23
Deaths from smallpox under 5 years	6
Total deaths from vaccination, all ages	14
Deaths from vaccination under 5 years	14
Specific Diseases or Causes of Death in Said 14 Fatal Vaccinations—	
From "Vaccinia" or "Cowpox" directly	6
From Vaccination resulting in Fatal Septicemia	5
From Vaccination resulting in Fatal Erysipelas	3
Total	14

Here we will see from one of the latest published annual records of the highest statistical authority in the world that for the year 1911 in England and Wales, in a population of about 36,000,000 the total deaths from vaccination were 14, or more than half the total deaths from smallpox, which were 23! On the other hand, the deaths from smallpox in little children were only six, and exactly equal to the deaths caused directly by "vaccinia" or cowpox, pure and simple, in children of the same age, whereas the additional deaths from wound infections in the vaccination sores, viz.: from Septicemia and Erysipelas, added eight more fatalities, thus making the deaths from vaccination in little children *over twice as many as the deaths from smallpox!*

To show that deaths from vaccination in this year of 1911 in England, as compared to deaths from smallpox, are nothing unusual and that such deaths occur more or less constantly every year, and that the total yearly deaths from vaccination exceed total yearly deaths from smallpox, particularly in children, I can give this further impressive data from the reports of the Registrar-General for several years previous to 1911, as follows:

Year.	Total Deaths from Smallpox.	Total Deaths from Vaccination.
1906	21	29
1907	10	12
1908	12	13

Total Deaths from Smallpox for six years 1905 to 1910.. 199
Total Deaths from Vaccination for six years 1905 to 1910 99
Deaths from Smallpox in said period under 5 years old.. 26
Deaths from Vaccination in said period under 5 years old 98

This awful record of fatal vaccinations thus speaks very clearly for itself and forms an absolute indictment of the whole barbarous and murderous system of compulsory vaccination, particularly for little children, as being both illegal and criminal in its very nature, and needs no further comment here. It can be further proved that an equal or greater fatality from vaccination, as compared to the English records, occurs in our own State of New York, but these fatalities are denied and concealed in our death certificates and yearly reports by our vaccinating doctors and health officials of city and state, as I have repeatedly and publicly charged and have challenged these doctors and officials to deny or disprove this charge if they can or dare, and I now hereby renew this public challenge on this most serious point.

COMPULSORY VACCINATION NOT NECESSARY TO PREVENT SMALLPOX

In England, the home of vaccination, no compulsion is placed on the school age but only on the infant class, under five years, this age being the most susceptible to smallpox, the adult age (over 20) being the next most susceptible, whereas the school age (from 6 to 19) is the least susceptible to smallpox of any part of the population. Even in this infant age any child can be exempted from vaccination by a special law known as the "conscientious clause," which allows their parents to file a declaration of conscientious objection within the first year of life, under which law nearly half of the children born in England are now exempted from vaccination as a recognition by parents of its great danger to health and life. Notwithstanding this great decline in English vaccination and its almost entire absence on school children, smallpox has steadily declined in England with the corresponding increase of sanitation and hygiene, so that the English Minister of Health, Hon. John Burns, made this public declaration in the House of Commons on

April 12, 1911, that: "Just in proportion as in recent years exemptions (from vaccination) have gone up from 4 per cent. to 30 per cent., so deaths from smallpox have declined."

In the third greatest state in our country, Illinois, with the second largest city, there is no compulsory vaccination on school children and yet no increase of smallpox has been shown after many years of trial. In the large state of Minnesota there is also no compulsion on school children, and in the small state of Utah compulsion is absolutely prohibited; yet in all of these instances of small and large states it has not been found that any increase of smallpox has resulted from the decline of vaccination. In fact, the English city of Leicester, of about 300,000 population, is a brilliant example of the needlessness of vaccination to prevent smallpox and the value of its abolition to health and life. This city has practically abandoned the use of vaccination for the last 35 years and has relied almost entirely on sanitation and isolation and yet has had no trouble in controlling smallpox, but has had one of the lowest figures for smallpox mortality, general death-rate and infant mortality in the world. See the remarkable **acknowledgment of these facts** from opposite sides, viz., from the anti-vaccination side in the book by Mr. J. T. Biggs, former town official of Leicester, entitled "Leicester—Sanitation vs. Vaccination," London, 1912, and from the pro side in the recent convincing work of Dr. Killick Millard, present health officer of Leicester, in his book, "The Vaccination Question," London, 1914.

THE LEICESTER METHOD
PREVENTING SMALLPOX WITHOUT VACCINATION

This is the gist of what Health Officer Millard—a pro-vaccinist—says of the success of the Leicester method of preventing smallpox without vaccination:

"The two crucial and outstanding facts which I wish to lay stress upon, are:

"(a) The unexpected and remarkable experience of the town of Leicester, which for thirty years has abandoned infantile vaccination, yet has shown an enormous decline in smallpox mortality.

"(b) The fact that although infantile vaccination is falling more and more into disuse throughout the whole country, yet smallpox, contrary to all pro-vaccinist expectation and prophecy, continues to decline and has almost disappeared."

* * * "The striking facts that in Leicester, without infantile vaccination the decline has been greater than in most places, and

that throughout the country smallpox has continued to decrease in spite of the falling off in vaccination, should surely be sufficient grounds for legitimate doubt.

* * * "If it can be shown that "sanitation" thoroughly carried out, is alone sufficient for the effective control of smallpox in this country [as in Leicester] why inflict upon the community universal vaccination with all its inseparable drawbacks? Moreover, what justification can there be any longer for compulsion?

"It cannot be denied that vaccination causes, in the aggregate, very considerable injury to health, most of it only temporary, but some permanent. * * * we must never forget that vaccination *is* an evil. Vaccinia is just as much a disease as smallpox, though a less serious one, and all diseases must be regarded as evil and to be avoided if possible. There is not the slightest evidence that vaccination apart from its effect in preventing smallpox is of the least value or anything but detrimental to the human race. * * * "During the last decade the deaths from vaccinia have several times outnumbered those from smallpox, whilst if we have regard to the amount of ill health caused by the two diseases (and putting aside for the moment the question of the alleged effect of vaccination in lessening smallpox) it looks as if vaccinia were becoming, so far as the community is concerned, the more serious disease of the two. * * * "Infantile vaccination has one serious drawback; whilst mitigating smallpox it also disguises it, and in this way tends to spread the disease.

"I regard this proposition of so much importance, and it has received so little attention, that I propose to devote a separate chapter to its consideration."

A MOST IMPORTANT POINT

VACCINATION ADMITTEDLY SPREADS SMALLPOX

Dr. Millard in this last paragraph makes a point which seems to be novel to pro-vaccinists but has been well known to anti-vaccinists for a long time, and it is very important that this should be clearly understood. This point really is that the majority of cases of smallpox always occur among the vaccinated and the majority of cases are usually very mild, whether among the vaccinated or unvaccinated.

It is in fact just because smallpox is usually such a mild disease, instead of the very severe disease popularly supposed, that most epidemics are allowed to spread. Ordinary smallpox may simply and briefly be described as like an ordinary or severe cold, with pimples breaking out on the face and hands, and the average person and even the average doctor being unacquainted with the disease does not recognize it until some time after the infected person has exposed many others to the disease. Smallpox is often confounded with measles, scarlet fever, chicken pox, scurvy and some other diseases, and this confusion by non-expert doctors is one of the chief causes for the spread of the infection in most outbreaks of the disease.

Now on account of the ignorance and incompetence of the average doctor in recognizing smallpox and by his false faith in vaccination as *a sure preventative* a false rule of diagnosis has been generally adopted by the profession which is actually this: If the patient has been vaccinated, recently or otherwise, the disease is diagnosed as not smallpox, but if not vaccinated, it is declared to be smallpox! The result is that the vaccinated person with actual but "disguised" smallpox is not isolated but is allowed free range until he has infected several others and spread an epidemic in his own vicinity. On the other hand if this infecting person had not been vaccinated at all his disease would promptly be declared to be actual smallpox and he would be at once isolated and further spread of the disease prevented. It is for this reason therefore that Dr. Millard so wisely and truly says that vaccination actually serves to spread smallpox, a fact long well known to our anti-vaccination leagues but now clearly admitted by a pro-vaccinist.

OUR TEN CITIES OF FIRST AND SECOND CLASSES COMPARED TO LEICESTER.

Before leaving this subject of the Leicester method of preventing smallpox without vaccination, it may be proper to call attention to the fact that of the five big and five small cities in this State on which compulsory vaccination is now placed by the Loyster law, eight of these cities, viz.: Albany, Syracuse, Rochester, Yonkers, Schenectady, Utica, Troy and Binghampton, are all much smaller in population than Leicester, and only New York and Buffalo are larger, and yet this large city of Leicester, larger than eight of our ten largest cities, has proved how practical it is to prevent smallpox by sanitation and hygiene, without vaccination, which result can, of course, be equally effected in our cities, large or small, without any of the coercive vaccination which is now forced on these cities by this evil and illegal Loyster Law.

VOLUNTARY VACCINATION NOT OPPOSED BY OUR LEAGUE

HIGHEST MEDICAL AUTHORITY TO-DAY OPPOSED TO COMPULSION

At this point we might emphasize the fact that while our League is absolutely opposed to all compulsion, we do not oppose voluntary vaccination, although we believe that in most cases the operation is needless and dangerous and will yet be prohibited by penal law, just as its dangerous predecessor smallpox inoculation was so prohibited, although approved for over a century by the highest medical authorities of the time.

It will therefore be seen that we agree with the most advanced and intelligent pro-vaccinists of to-day, as represented by Dr. Millard in simply opposing all compulsion and leaving voluntary vaccination free for every one who desires it.

This fundamental attitude which Dr. Millard and our leagues take on freedom from all compulsion, is that also taken in the latest and highest work of medical authority to-day, viz.: the latest edition of "Modern Medicine" by Doctors Osler and McCrae published in four volumes and dated 1913. In Vol. 1, P. 848, this latest and highest medical authority states as follows as regards vaccination: "With the greatest care, however, certain risks are present and so it is unwise for the physician to force the operation upon those who are unwilling, or to give assurances of absolute harmlessness."

Now this is substantially the attitude which our Leagues take in this controversy and if it is good enough for the highest and latest written authority on medicine to-day it is good enough for our medical societies, our health departments, our school officers and our legislators in this state to take, and therefore all compulsory or coercive vaccination should be at once abandoned, repealed and prohibited as being absolutely a gross medical barbarism and danger, particularly on school children, and a violation of fundamental personal rights of parent and child as already demonstrated.

RECAPITULATION

COMPELLING VACCINATION BY FORCE OR INTIMIDATION A CRIME UNDER PENAL CODE AND DECISIONS OF OUR COURTS.

CAUTION TO PARENTS AND SCHOOL OFFICERS AND WARNING TO VACCINATORS, DOCTORS AND HEALTH OFFICERS.

As a condensation or recapitulation of the advices already given, I will now say that parents and school officers must not for one minute lose sight of these four most important legal points:

(1) There is no law in this state to actually compel or require any one to be vaccinated.

(2) Parents have an absolute right to refuse to have their children vaccinated, or deliberately diseased, as endangering their health and life.

(3) Parents have an absolute right to have their healthy children educated when they pay for the education.

(4) Every school officer in public or private school has the full right to admit, at his discretion, any child or person unvaccinated, where he believes vaccination will be dangerous to health or life, with or without a doctor's certificate.

With a clear recognition, therefore, of these four impregnable legal points, parents and school officers have the matter of school vaccination securely in their own hands and can suspend vaccination in any given case or in any particular school at their own discretion as they shall best determine, and no power in this State can compel any child or other person to be vaccinated against will and consent or force any school officer to exclude from school or deny education to any healthy child against the will and discretion of such school officer.

Any person in this State has the right to be vaccinated or to refrain from vaccination, as he may see fit, and any person attempting to compel the vaccination of any other person by any form of force, coercion or intimidation, no matter how high he may think himself in either of our two Departments of Health and Education, will simply be committing a crime against the people under Section 530 of the Penal Code on "Coercion," which is in these words:

"A person who, with a view to compel another person to do or to abstain from doing an act which such other person has a legal right to do or to abstain from doing, wrongfully and unlawfully uses or attempts the intimidation of such person by threats or force, is guilty of a misdemeanor."

In case, therefore, any child, parent, teacher or school officer is thus coerced or intimidated by any doctor or health officer or by any misinformed school commissioner in thus forcing vaccination illegally upon any such person against free will and consent or with a view to deny to any healthy child his inalienable right to education under the laws of this State, I would advise that a complaint be at once entered before the nearest Magistrate for the arrest and prosecution of such intimidator under this Section of the Penal Code.

CIVIL DAMAGE SUITS

I might here cite two civil damage suits that were tried in Brooklyn against doctors and health officers for illegal vaccination by intimidation or force, as a civil warning to our present vaccinators in addition to the criminal warning already given.

One of these suits was the case of Smith vs. Health Commissioner Emery, tried before Judge Brown and a jury in 1896, where a verdict of $489.00 was given in favor of the expressman Smith for false imprisonment and illegal quarantine while Dr. Emery was trying to force him to be vaccinated against his will and consent. The other instance was the case of Schaeffer vs. Schelling, in which a judgment for $1,500 was entered Nov. 19, 1895, in the Supreme Court in Brooklyn against Dr. Schelling, Commissioner Emery's Assistant, in favor of Mr. Schaeffer for forcible vaccination of himself and his family, and the record in the County Clerk's Office shows this judgment was duly paid to the injured Schaeffer.

These instances of the illegality of all actual compulsory vaccination given by our own Brooklyn courts and juries should be sufficient warning to any of our would-be medical despots who may now attempt any illegal intimidation under the false cover of the new Loyster Law.

CONCLUSION

From what has been already shown it now rests entirely with parents, teachers and school officers themselves to simply assert their legal rights most firmly and positively along the lines fully stated herein to make this present Loyster Law a non-enforceable absurdity in Law and Equity, as it really is, and thus lead to its early repeal in the next Legislature or its invalidation in our courts if any confident vaccinator desires to test it there. In this case, therefore, the old motto of Civic Liberty applies here most emphatically, *"He who would be free, himself must strike the blow."*

Strike boldly, therefore, all ye parents, teachers and school officers, against this evil law forced on the people by the medical interests, and thus secure your freedom from the greatest barbarism ever inflicted upon a free people by the most dangerous form of coercive dogmatism now existing in our body politic, viz., *compulsory medicine,* which is far more dangerous to human liberty, health and life than compulsory religion ever was but which must now be explicitly prohibited by law as fully and completely as all compulsory religion is now prohibited.

Hoping, therefore, that these facts, suggestions and advices will be of some help to you and other parents in securing your constitutional and inalienable right to the education of your children without having to surely poison them, or possibly kill them in advance, as a pre-condition for such education, I remain,

Yours very truly,

CHAS. M. HIGGINS,
Treasurer Anti-Vaccination League of America.

271 Ninth St., Brooklyn, N. Y.,
August 27, 1915.

Main Office of League
1420 Chestnut St., Philadelphia, Pa.

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Other Officers in New York State
Dr. J. W. Hodge, Niagara Falls, Vice-President
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FULL TEXT OF THE LOYSTER-TALLETT VACCINATION LAW NOW IN FORCE IN NEW YORK STATE.

Laws of New York.—By Authority.

CHAP. 133.

AN ACT to amend the public health law, in relation to vaccination.

Became a law March 30, 1915, with the approval of the Governor. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Sections three hundred and ten and three hundred and eleven of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," are hereby amended to read, respectively, as follows:

§ 310. *Vaccination of school children.* 1. A child or person not vaccinated shall not be admitted or received into a school in a city of the first or second class. The board, officers or other person having the charge, management or control of such school shall cause this provision of law to be enforced. The board of health or other board, commission or officers of such city having jurisdiction of the enforcement of the chapter therein shall provide, at the expense of the city for the vaccination of all pupils of such school whose parents or guardian do not provide vaccination for them.

2. Whenever smallpox exists in any other city or school district, or in the vicinity thereof, and the state commissioner of health shall certify in writing to the school authorities in charge of any school or schools in such city or district, it shall become the duty of such school authorities to exclude from such schools every child or person who does not furnish a certificate from a duly licensed physician to the effect that he has successfuly vaccinated such child or person with vaccine virus in the usual manner or that such child or person shows evidence by scar of a successful previous vaccination. Whenever school authorities having the charge, management and control of schools in a district or city cause this provision of law to be enforced, the local board of health shall provide for the vaccination of all children whose parents or guardian do not provide such vaccination.

3. The expense incurred, when such vaccination is performed under the direction of the local health authorities, shall be a charge upon the municipality in which the child or person vaccinated resided,

and shall be audited and paid in the same manner as other expenses incurred by such municipality are audited and paid. The local boards of health or other health authorities may, in their discretion, provide for the payment of additional compensation to health officers performing such vaccination.

§ 311. *Vaccination how made; reports.* 1. No person shall perform vaccination for the prevention of smallpox who is not a regularly licensed physician under the laws of the state. Vaccination shall be performed in such manner only as shall be prescribed by the state commissioner of health.

2. No physician shall use vaccine virus for the prevention of smallpox unless such vaccine virus is produced under license issued by the secretary of the treasury of the United States and is accompanied by a certificate of approval by the state commissioner of health, and such vaccine virus shall then be used only within the period of time specified in such approval.

3. Every physician performing a vaccination shall within ten days make a report to the state commissioner of health upon a form furnished by such commissioner setting forth the full name and age of the person vaccinated and, if such person is a minor, the name and address of his parents, the date of vaccination, the date of previous vaccination if possible, the name of the maker of the vaccine virus and the lot or batch number of such vaccine virus.

§ 2. This act shall take effect immediately.

THE LOYSTER LAW LEGALLY AND LOGICALLY ANALYZED

POINTS FOR LAWYERS AND LAYMEN

We think that any competent lawyers who carefully consider this vaccination law will agree that it is a rich piece of medical craft and graft and of legal fatuity from beginning to end.

FIRST POINT: ILLEGAL DISCRIMINATION AGAINST LARGE CITIES

It will be noted that the country legislators who fathered this bill discriminated in favor of themselves and against citizens in other parts of the state—the ten big cities—so as to admit unvaccinated children freely to all schools in their own country districts, as in section 310, paragraph 2 of the law, whereas in paragraph 1 no unvaccinated child can be admitted to any of our schools whatever in the ten cities of the first and second class! And yet smallpox is ten times more frequent in country districts than in cities and vaccination is therefore needed ten times more in the country than in cities if the theory of the vaccinators is correct!

Such law is therefore unreasonable, arbitrary and discriminating and of course no law making such arbitrary, class, and local distinctions can be legal or constitutional as before stated. See interesting opinion of Justice Woodward on this very point on "Magna Charta" and the "law of the land" in the decision of the Appellate Court in case of Viemeister in 1903.

SECOND POINT: ILLEGAL AND EXCESSIVE PENALTY

The "penalty" which this law ostensibly applies for failure to submit to vaccination is to deny the school child his most inalienable right to education, and to the school teacher his inalienable right to earn his living and follow his most important profession of teaching the child. This we believe to be absolutely unconstitutional on two principles, viz.: 1st, That cruel and unusual punishments cannot be inflicted and, 2d, that no "franchise," "privilege" or essential "right" of any citizen can be taken away "unless by the law of the land or the judgment of his peers." Both of these prohibitions are in the very first article of our state constitution, showing their primal importance in all valid law.

We therefore very much doubt whether the violation of any mere rule of so-called "police power" or "public health" can be penalized in this extraordinary fashion by taking away some fundamental or primal right of the citizen. Such rule can obviously be legally enforced only by some penalty which is not "excessive," "cruel" or "unusual," such for example as that of a specific fine which is not in itself "excessive." The law of Massachusetts for example is a specimen of such a rational or constitutional law where it is attempted to enforce the vaccination rule only by a fine of five dollars. And it will be remembered that the highest court of that state in passing on this law decided that while the fine might be legally enforced and collected, yet the state could not compel or enforce the actual vaccination of any person who objected to the operation.

And remember also that the learned court gave this decision under the false idea, into which it was misled by false medical authority, that vaccination was ordinarily perfectly safe and harmless and only "theoretically" capable of the "possibility of injury." What would this learned court have said on this law if it realized the easily demonstrated truth that vaccination is actually more dangerous than smallpox and now kills more children every year than smallpox?

It may be further noted that the Supreme Court of the United States passed on this case—Jacobson vs. Massachusetts—in 1904, with a divided opinion, the majority holding that to enforce a rule for vaccination by a fine was constitutional, but Judges Brewer and Peckham dissented to this evidently holding that all vaccination must be free and voluntary under our national constitution. The majority of the court also decided that vaccination could not be enforced if it were dangerous to health or life.

THIRD POINT: VACCINATION CANNOT BE LEGALLY FORCED EXCLUSIVELY ON ONE SPECIAL CLASS OR PART OF THE POPULATION WITHOUT ANY SPECIAL REASON OR JUSTIFICATION.

It must be here specially noted that the aforesaid law of Massachusetts applies to all classes of the population generally and is not arbitrarily limited to one or two classes, as in our absurd vaccination law, which is limited to pupils and teachers in our schools, as if school children and teachers were the only part of the population that were subject to smallpox and therefore must be specially protected from it by forcing them to be vaccinated under penalty of abandoning their primal rights—a penalty which is not applied to any other part of the population! I have already shown that the school age to which this absurd law specially applies is, on the contrary, the very section of the population which is *least subject to smallpox* and has the greatest natural immunity against this disease *and all other causes of death,* so much so that it shows regularly every year only about five per cent. of the total mortality, although it constitutes one-quarter of the whole population.

SCHOOL CHILDREN MOST VITAL AND IMMUNE PART OF THE POPULATION

To prove this most significant point, I herewith annex a diagram from the annual report of our State Dept. of Health for 1912, showing the total deaths from all causes in the ten million population of this state and the proportional deaths in each age class.

DEATH RATE AND PER CENT OF DEATHS AT DIFFERENT AGE PERIODS

1912

STATE OF NEW YORK

AGE PERIOD	NO. OF DEATHS	Death rate per 1000 living at all ages	Per cent of total mortality
Under 1 Year	24,681	2.6	17.3
1 year to 5 years	10,106	1.1	7.1
5 “ 10 “	2,707	0.3	1.9
10 “ 20 “	4,440	0.46	3.1
20 “ 40 “	22,544	2.35	15.8
40 “ 60 “	31,371	3.27	22.0
60 “ 80 “	36,110	3.7	25.3
Over 80	10,279	1.07	7.2
Unknown	139	0.014	0.097
Total deaths at all ages	142,377	14.8	100.0-

It will be here noted that the vitality of the school age, 6 to 19, is so extraordinary that its actual mortality from all causes of death is *only five per cent. of the total deaths,* although this age-class constitutes one-quarter of the whole population, there being about two and one-half million children of school age in New York State. This astounding fact alone, when properly grasped, is absolutely overwhelming and convincing in proving the absolute absurdity and needlessness of compulsory vaccination on the school age and the invalidity of the present law, because not only has this age the lowest natural susceptibility to death from smallpox, but also to all other causes of death, which are one hundred times more fatal and frequent than smallpox; and therefore this age should not be arbitrarily and needlessly oppressed by any class law.

SCHOOL AGE MOST IMMUNE TO SMALLPOX

To show that the school age has the greatest relative immunity from smallpox, as a particular disease, as it also has from all causes of death, I will here give the list of total deaths from smallpox in our last greatest epidemic year of 1901 in New York City, with the actual number of deaths in each age-class as given in the report of the Health Department for that year.

Total Deaths from smallpox, all ages, in New York City in 1901, last greatest epidemic year		410
Deaths under five years	48% of total	197
Deaths in school age, five to fifteen	8% of total	32
Deaths over fifteen	44% of total	181
	100%	410

It will thus be seen that in our last great epidemic in our largest city infants and adults are shown to be most subject to smallpox while the school age is least subject, not only relatively but absolutely and to an extraordinary degree, as it shows only eight per cent. of the total smallpox deaths while it constitutes one-quarter of the population, whereas the infant age under five forms only half this proportion, or about one-eighth of the population, and yet shows forty-eight per cent. or nearly half of all the smallpox deaths!

We have heard a good deal of false nonsense from time to time from the vaccination doctors about vaccination changing the "age incidence" of this disease from the infant to the adult age; that, whereas before the days of vaccination smallpox was almost purely an infant disease, but in our times vaccination has so saved the infant age from smallpox that it has now transferred the "age incidence" from infants to adults and made modern smallpox chiefly a disease of poorly vaccinated adults! We can now see how false and stupid this claim is when in our very last epidemic year of 1901 in our greatest city nearly one-half of all the smallpox deaths were among infants and the least among children of school age, just as it was before the days of vaccination, which has made no serious difference whatever in the "age incidence" or the mortality of the disease.

In attempting to answer some of my press articles of last year on the falsehoods and fatalities of vaccination, Dr. J. Dana Hubbard, of the City Department of Health, undertook to use this false and stale old argument of change of "age incidence," etc., in a special article in the New York Sun of June 21, 1914, in defense of vaccination. I have now shown what nonsense and fallacy this defense is and that Dr. Hubbard seems to be grossly ignorant of the easily accessible records of his own Department, which fully refute him and show that he has been simply fooling himself and the public with old moss-covered fallacies of the vaccination cult, which any up-to-date doctor familiar with the real facts of this complex subject should be ashamed to any longer repeat.

The false argument may just here be attempted by vaccinators that the school age is relatively immune to smallpox because it is more vaccinated than any other age, but this is false and absurd for the reason that the school age shows even a higher immunity against all other causes of death which are a hundred times more fatal and frequent than smallpox, and therefore the natural immunity and vitality which protects it from these more frequent and fatal diseases also protects it from smallpox, which is, perhaps the most insignificant of all our causes of death, being usually exceeded by death from lightning! And furthermore, we find in communities where little or no compulsory vaccination is placed on the school child, such as in England, that this age shows the same extraordinary relative immunity against smallpox and all other causes of death.

To fix this striking point of the great vitality and immunity of the school age firmly in the mind it may be here said, that, while the school age forms one-quarter of the whole population and has only five per cent. of the total deaths, the infant age under five years constitutes about one-eighth of the population and has about 30 per cent. of the total deaths, whereas, the adult ages over 20 constitute about five-eighths of the population and have about 65 per cent., or five-eighths, of the total deaths. In other words, the mortality of the adult age is *normal,* or *directly proportional to its numbers in the population,* while the mortality of the infant age is *abnormal* or *far beyond its proportion in the population,* whereas the mortality of the school age is most remarkably *sub-normal* or much less than its proportion in the population.

RELATIVE DANGERS FROM SMALLPOX, LIGHTNING AND LOCKJAW.

It may be worth while here to show the relative insignificance of smallpox as a cause of death in this State by comparing it with deaths from Lightning, Murder and Lockjaw, and I here give the actual fatal figures on these four causes for the last four years, as reported in the official State Reports:

	Smallpox	Lightning	Homicide	Lockjaw
1910	7 deaths	16 deaths	606 deaths	94 deaths
1911	3 "	30 "	449 "	114 "
1912	4 "	21 "	434 "	97 "
1913	1 "	13 "	461 "	111 "

It will be readily seen from these figures that there is six times more danger of being struck by lightning than of being killed by smallpox, and one hundred times more danger of being killed by murder and over twenty-five times more danger of being killed by lockjaw. Lockjaw is therefore many times more dangerous than smallpox, and to this serious danger every vaccinated person in this State is subjected, for, as a matter of demonstrable fact, at least ten per cent of all lockjaw deaths are caused by vaccination wounds. These facts and figures therefore clearly prove that lockjaw is a much more serious danger and more frequent cause of death in this State than smallpox, and that a person who remains unvaccinated in this State of New York and province of Long Island, where the lockjaw infection is so widely diffused, stands far less chance of death than the person who foolishly allows himself or his child to be scared into the greater danger of vaccination as an alleged protection from the rare disease of smallpox of which there is six times less danger of death than of being struck by lightning and twenty-five times less danger of death than of being killed by lockjaw!

VACCINATION FOR VOTERS

In closing this point I will finally ask: What would any lawyer, jurist or citizen think of a law which would make the "right" or "privilege" to register and vote to depend on a "certificate" of "successful vaccination" and which would take away the right of suffrage unless the voter would consent to be vaccinated and produce such doctor's certificate, at so much per head, to add to the profits of the doctors and the vaccine makers? Yet if the theories of the vaccinators are correct such a law is needed five times more for voters and adults than for school children, as voters and adults are at least five times more susceptible to smallpox and all other diseases than the school age, which is the most vital and immune age in the population and the least in need of any vaccination, as already proved.

FOURTH POINT:- THE THEORY THAT VACCINATION PREVENTS SMALLPOX, WHETHER RIGHT OR WRONG, DOES NOT JUSTIFY ANY LAW WHICH FORCES VACCINATION ARBITRARILY AND UNREASONABLY ON ONE CLASS ONLY OF THE POPULATION.

On this point it may be proper to quote the highest Court decision so far rendered in this State on the law of school vaccination and which has been much misunderstood, viz.: the decision of the Court of Appeals in the case of Veimeister in 1904. This court did not construe the several points considered by the Appellate Court in this same case, as before referred to, but gave its decision on practically one point only, which is expressed in its concluding paragraph as follows:

"While we do not decide and cannot decide that vaccination is a preventive of smallpox, we take judicial notice of the fact that this is the common belief of the people of the state, and with this fact as a foundation, we hold that the Statute in question is a health law enacted in a reasonable and proper exercise of the police power."

I do not intend to here criticise this decision in any way but will only now call close attention to the remarkable legal doctrine therein stated, viz.: that if a majority of the people of this state believe in a certain medical theory, or doctrine of public health, they can force that doctrine through the "police power" of the state upon a minority that does not believe it. Now assuming this doctrine to be true, in a limited measure, surely it is not true, and was not intended by the court to be held true, in an unlimited measure or to the extent of invading or denying essential rights guaranteed explicitly by constitutions and charters or distinctly implied in any of the great Declarations of the people? And furthermore, if such medical or health doctrine or dogma can be legally forced by a majority of believers upon a minority of unbelievers, it surely cannot be legally enforced on one class only of these believers or unbelievers, but must be put on both believers and unbelievers justly and evenly. I have already shown that our vaccination law has never been placed on a majority of the believers or unbelievers and yet the learned Court of Appeals has assumed that the majority of the people of the state believe that vaccination prevents smallpox and is necessary to prevent it. Now if they really believe this, how is it that this "majority" has never placed a law of coercive vaccination on all the people of the state or even on a majority of either believers or unbelievers, but have placed it only on one-quarter section of the people—the school children—which actually need this protection least of all; whereas the three-quarters of the population which are most subject to smallpox—five times more so by actual statistical record of all epidemics—are left entirely without this alleged protection of coercive vaccination? If coercive vaccination is therefore necessary to prevent smallpox, as alleged to be the actual belief of the people of this state, this purpose will surely never be accomplished by any absurd and partial law which puts this alleged protection on the one-quarter of least susceptibles and leaves it off the three-quarters of most susceptibles! There is therefore something radically wrong with this whole legal and medical theory, which surely does not fit the facts, so that notwithstanding the fact that coercive vaccination—the only alleged remedy to prevent smallpox—has never been placed in this state on the three-quarters of our population which is most subject to smallpox, yet smallpox has steadily declined in this State and has declined even more in other states and cities where no coercive vaccination has been enforced on any part of the population.

Even if we admit freely that vaccination prevents smallpox, and is necessary to prevent it, yet this would not justify any partial law that puts coercive vaccination arbitrarily on one section of the population only and that section the very one that least needs it but this, we submit, would be, per contra, a good reason for condemning and invalidating that law as a matter of legal and constitutional propriety, which point our courts have yet to pass upon.

It is, however, really irrelevant to the main issue—the validity of coercive vaccination—whether vaccination is or is not a preventive of smallpox, and we might admit that it is a preventive, to a certain limited extent, or even more so, and yet coercive vaccination might be absolutely illegal and non-enforceable on other grounds, and one of these grounds is expressed in the next point.

FIFTH POINT: INFLICTING A WOUND AND DISEASE, COERCIVELY, IS AN ILLEGAL ACT

This important point is: that vaccination consists in the bodily infliction of a wound and disease which is per se, dangerous to life and health and frequently kills and therefore can not be legally forced on any person. As an historic and legal example of this point we might cite the practice of smallpox inoculation, which preceded vaccination, and which flourished over a century under the approval of the highest medical authorities of the time, and which it was freely admitted gave considerable protection against natural smallpox, like the bovine vaccination of to-day, yet this practice of inoculation was finally declared to be illegal and was prohibited by penal law because it was found to be very dangerous to human health and life and really more dangerous than natural smallpox, and actually increased smallpox, which declined rapidly as soon as this inoculation was abandoned.

It will be noted that this point is fully supported by the decision of the highest court in the country, the U. S. Supreme Court, in the case of Jacobson vs. Massachusetts in 1904, which clearly declared that vaccination can not be forced on any person who can show that it is dangerous to health or life, which it is, per se, in every case.

All Vaccination Potentially Dangerous or Deadly

Vaccination is nothing more or less than "Purulent Infection and Septicemia," which is a regular cause of death in our yearly death lists and shows about 300 deaths every year in this State. Under this head and under the head of Lockjaw or "Tetanus" and some other septic diseases many deaths from vaccination are included and concealed every year by our falsifying doctors, who so foully tell us that vaccination is perfectly safe and harmless.

To show that vaccination is authoritatively recognized as essentially equivalent to Pyaemia and Septicemia (which names mean general and local blood poisoning), I will mention this most significant fact that in the reports of the Registrar-General of England, which is the highest statistical authority in the English speaking world, that many vaccination deaths are regularly acknowledged every year, and these deaths are now classified under a sub-head of Pyaemia-Septicemia which is numbered 20 in the International List of Causes of Death, and the deaths under this general head are divided and classified as follows: Pyaemia No. 20A, Septicemia No. 20B, Vaccinia No. 20C. And under this latter sub-head, and other heads, more deaths of children are recorded from vaccination almost every year than from smallpox itself! (See page 19 herein.)

SIXTH POINT: FALSE DOCTRINE OF "POLICE POWER" TO INFLICT DISEASE OR DEATH IN THE FALSE NAME OF "PUBLC HEALTH."

INHERENT AND CONSTITUTIONAL RIGHTS OF THE PEOPLE SUPERIOR TO ALL POLICE POWER OF THE LEGISLATURE WHICH CANNOT INVADE THESE RIGHTS.

We have heard a good deal, both in and out of court, of the alleged "Police Power" of the Legislature to inflict compulsory vaccination in some form or other upon the people, but we have yet to find any decision of any court—certainly not from our State courts or from the U. S. Supreme Court—which declares that the Legislature has any "police power" to compel any one to be vaccinated, but the courts have decided the very reverse, as already shown, and particularly if it can be proved that vaccination is dangerous to health and life, which danger I have already demonstrated potentially exists in every case beyond question.

Now it is obvious that true and legal "Police Power" can only be exercised to save the public from harm or danger, to keep disease or harm from the people, to protect them in their undoubted rights, to promote public health, safety and welfare and not to force disease, injury or death upon the people or to invade any of their rights in any serious way; and it needs no argument to show that to inflict a wound upon the healthy human body and to inoculate a dangerous disease into this wound which may infect the whole body and destroy health or life is the most flagrant invasion of the most sacred and important public and personal rights conceivable, which surely cannot be legally justified or sustained in any way, no matter what is the alleged motive or purpose of this wounding and diseasing. And, of course, this evil of compulsory vaccination would never have had the least toleration in our courts were it not that the minds of our courts have been grossly misled from the first by medical falsifiers to regard vaccination as a purely beneficial and entirely harmless operation which is absolutely necessary for public health, both of which propositions are most stupid and dangerous faslehoods, as I have already demonstrated. Modern Bovine Vaccination is, in fact, not essentially different from Smallpox Inoculation which, as already shown, was prohibited by penal law as being highly dangerous to public health after over a century of use and approval by the highest medical authorities of the past century, and it would perhaps not be difficult to now prove that our modern vaccination is actually more dangerous to man and beast than the old inoculation was, as it has never been recorded that inoculation was responsible for great cattle plagues of foot and mouth disease, which vaccination has already caused several times in this country in 1902, 1908 and 1914, as before shown. See Year Book, U. S. Dept. of Agriculture, 1914, p. 20.

SEVENTH POINT: SEVERAL CONSTITUTIONAL PROVISIONS INVADED BY THE LOYSTER LAW.

It may be proper in this point to briefly consider the several sections of our national and state constitutions which are clearly violated by this evil law of compulsory disease placed arbitrarily on one mere section or class of the population, viz., on school children and other inmates of schools.

Article IV. of the National Constitution states: *"The right of the people to be secure in their persons, houses, paper and effects, against unreasonable searches and seizures shall not be violated."* Surely to search for and seize a healthy and harmless school child, who is unvaccinated, and force him out of school and deny him his unalienable right to education unless he will submit willingly or by force to this barbarous act of compulsory wounding and diseasing of his body—surely this act or law of forced or coercive vaccination is clearly forbidden by this Article IV. of the U. S. Constitution.

In Article VIII. another distinct prohibition is given, which applies clearly to compulsory vaccination as a condition for the exercise of this inalienable right of education: *"Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted."* This same provision is repeated in Article I., Section 5 of the State Constitution, and has been already partly considered in our Second Point.

Now it will be noted that this evil school vaccination law punishes the refusal to submit to vaccination—which all our courts have decided the citizen has full right to refuse and which the state or legislature has no power whatever to compel—by denial of the indispensable and inalienable right of the child to his education, which is obviously his most important and essential right and which cannot be legally or morally taken away from him by any power whatever in this State, and the attempt to take it away would obviously be the most flagrant and stupid violation of sound public policy conceivable. Is it not therefore a most cruel and unusual and stupid punishment—worthy only of the most fanatical and barbarous ages of human slavery and compulsory religion to punish refusal to vaccinate (which every citizen has the right to refuse and no power in the state can compel), by denial of the right of education to the child and the right of the parent to have his child educated? Is there not, in fact, an inalienable and self-evident right in the parent to educate his child and in the child to get an education and that this right of parent and child cannot possibly, under our fundamental law, be taken away from them by any medical dogmatism which strives to force upon them any medical operation whatever as a condition for education, whether this operation be considered sometimes beneficial or frequently doubtful, dangerous or fatal.

In this connection it is very significant that the Declaration of Independence refers to *"certain"* unalienable rights *"among which"* are life, liberty and pursuit of happiness. This clearly intimates that there are other individual rights inherent in the people besides those stated, which are equally unalienable and cannot be violated by any power but must be respected and protected by all governments; and this point is clearly re-stated and emphasized in Articles IX. and X. of the U. S. Constitution, which say:

"The enumeration in the Constitution of certain rights shall not be construed to deny or disparage others retained by the people."

"The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

Surely, therefore, the right of the child to an education and the right of the parent to educate his child is one of these inherent rights in parent and child which cannot be taken away by any evil law which forces a dangerous medical operation upon the school child or his teacher and which is not forced on any other part of the population; and it is therefore believed that, for the several reasons here stated, our courts, if properly appealed to on the proper issues herein suggested, will have no hesitation in invalidating this Loyster Law as a most flagrant violation of inherent and constitutional rights which may be briefly expressed and condensed into these two propositions:

PROPOSITION FIRST.

The right of every child to an education and the right of every parent to have his child educated are inherent and unalienable rights and cannot be legally made dependent on the acceptance of any medical dogma or operation, even if beneficial, and particularly not when dangerous to health and life and frequently a cause of death.

PROPOSITION SECOND

Any law which forces a compulsory wound and inoculable disease on the human body against free will and consent or, as a condition for the exercise of any right or privilege of any citizen, which is dangerous to life, obviously violates clear constitutional provisions and is also clearly criminal under common law and the Penal Code and is therefore absolutely against private right and public policy and consequently invalid and non-enforceable on broad legal and equitable principles.

EIGHTH POINT: ILLEGAL MEDICAL GRAFT IN DOUBLE COMPENSATION TO HEALTH OFFICERS

It will be noted on reading paragraph 3 in section 310 of the Loyster law that an unblushing provision of illegal medical graft appears boldly and stupidly in gross violation of the State Constitution, in these words: "The local boards of health * * may * * provide for the payment of additional compensation to health officers performing such vaccination." In other words, the vaccinating doctors or health officers may, in addition to their regular salaries or compensation, be paid extra for every public vaccination performed! Medical graft is thus clearly streaked all through this bill for, in addition to taking the enforcement of the vaccination law from the discretionary hands of the school officers, who have no pecuniary interest in enforcing vaccination, it is now turned over to the mandatory power of the health officers, who can get up a smallpox scare and vaccination raid at any time on the alleged appearance of one little case of smallpox or pseudo-smallpox in any town or city, and thus reap a rich reward of double pay for every vaccination performed! Was there ever a more disgraceful, "raw," or illegal form of medical graft forced upon the people than in this clause, for which Mr. Loyster and his bill drafting allies in the State Department of Health seem to be wholly responsible? The suffering people of this State, still grieving for the loss of their precious children killed in the last vaccination raid, can rest easy, however, in the assurance that after this exposure they probably need fear no further menace now from this stupid law which we believe no Court will allow to be enforced in this State by reason of its many illegal and unconstitutional features, already pointed out, including this latter point of medical graft and double compensation, which is clearly prohibited in Article 3, Section 28, of the State Constitution. See also Article 10, Section 9.

NINTH POINT: OTHER POSSIBLE MEDICAL GRAFT IN EXCLUSIVE USE OF SPECIAL VIRUS

Not only does the Loyster Law give the vaccinating doctors double fees for every public vaccination performed, which means an enormous sum for the doctors, with forced vaccination inflicted on all school children in this State, but also gives the State Health Commissioner sole power to prescribe *the particular brand or brands of virus* to be used in the State! See paragraph 2, section 311. He could therefore, for example, allow only the Lederle brand of virus, which is made in this State by, or under the name of, a former Health Commissioner of New York City, Dr. Ernst J. Lederle, under whose administration the present State Commissioner of Health, Dr. Biggs, was a subordinate officer for many years in New York City. Commissioner Biggs could therefore order that only the Lederle, or some other favorite virus, could be used for vaccinating any one of our ten millions in this State, and he could forbid the use of the Mulford or Parke-Davis viruses, which are made in other States and are the viruses now most used in this State and have been used, as testified by Mr. Loyster, at the legislative hearing on his Bill, in most of the fatal cases of vaccination in this State in 1914, and were also the viruses which have caused some of the great epidemics of foot and mouth disease in cattle throughout this and other states in 1908, as shown in U. S. Government reports, Bureau of Animal Industry, of 1908. This is a rather needless or dangerous power to give to any State Commissioner, particularly after the U. S. Government has already passed upon each brand of virus and inspected and approved it; and if this double inspection and approval by the Nation and State is necessary, this fact will only go to show how dangerous, indeed, these products are to the health and life of man and beast. It will be readily seen, however, that this exclusive power to prescribe the use of any particular virus in this State, notwithstanding the Government approval, might lead to great medical graft, and, with a compulsory vaccination law in all schools in this State, public and private, could make a fortune for a favorite brand of virus, like the Lederle brand for instance, and for the doctors or health officials who might be interested in the stock of such a company. The possible graft, therefore, in this feature of the Loyster Law is obvious and, we believe, needs no further comment, except to here suggest that the people of this State have a right to know whether any of our health officials are now, or have been, interested in any vaccine companies, directly or indirectly.

TENTH POINT: ONLY ONE GOOD FEATURE OF THE LOYSTER LAW—RECORD OF VACCINATIONS

We are glad that there is at least one feature of this law that is not bad and can be approved, and this occurs in the third and last paragraph in section 311, which provides for a record of all vaccinations made and compels the doctors to record not only the name and address of the child and its parents, but also the date of last and previous vaccinations, the brand of virus used and its lot, mark or number, so that it can be readily identified if trouble is afterwards caused by it in the vaccination of the child. Like a vicious dog, therefore, this Loyster Law seems to be harmless only at the tail end but very dangerous in front. This provision at the tail end, however, for a record of the virus used is itself of very little value, and does not go far enough, as this record to be really valuable should provide for a true and full report of *the results of the vaccination on the child* and the mention of the fact of any sickness, injury or death following the vaccination and particularly the mention in every death certificate of vaccination as a primary or secondary cause of death whenever it actually or evidently exists as such in any instance, which at present is usually shamefully denied and concealed by vaccinators. For example, it is a common thing where children die of vaccination, either as a direct result of the cowpox infection or by some secondary infection of lockjaw or septicemia conveyed in the virus itself or from some external source in the environs or habitat of the patient, that no mention whatever is made in the death certificates of the infecting act of vaccination itself as a primary or secondary cause of death, which of course it is in every such case, but the cause of death will usually be attributed solely to the secondary infection of "Tetanus," "Septicemia," etc., without any mention whatever of the primary disease or infection of vaccination, without which the secondary infection and death would never have occurred. This is, of course, in direct violation of standard statistical rules governing death certificates and yet is commonly practiced in this State and tolerated by our health officials, interested in one way or another in vaccination, but this wrong should be rigidly prohibited and penalized by the immediate passage of a special law. Now, if the Loyster Law had provided for some such record as this it would have been worth while, whereas the present record of the virus only is of very little use without the record of the results produced by the virus on the victim of the vaccination.

Our League had a special bill introduced in the Legislature a few years ago to provide for this full record of virus and its results, but it was defeated by the same dangerous medical and political power which seems to control our medical legislation and has given us all our evil compulsory medical laws and which we believe has misled Mr. Loyster into supposing that he has made a great reform in the present law, but which we think we have now shown to be a tissue of dangerous medical illegalities and of medical craft and graft from beginning to end, with which our courts will doubtless deal effectually in due time to protect the most sacred rights of the people from such dangerous medical domination and compulsion.

THE LOCKJAW LIE, AND DR. ANDERSON'S REPORT, ANSWERED. FIVE CHILDREN KILLED IN ONE WEEK.

It will be noted that the present pamphlet is confined to the legal aspects of compulsory vaccination and to the facts which clearly prove its dangerous and deadly nature, per se, and therefore, the illegality and criminality of its enforcement on any person. In supplementary second and third pamphlets now in press, entitled respectively, "The Story of a Continental Lie," and, "Vaccination Horrors and Lies," extensively illustrated, we will treat other aspects of this great and complex subject.

In the second pamphlet we will refute the stupid medical falsehood given great currency by some of our deluded daily newspapers that "Those who are vaccinated do not get smallpox," and we will prove that the majority of smallpox cases are among the well vaccinated and the minority among the unvaccinated.

In the third pamphlet we will fully answer the more recent falsehoods which we term, "The Lockjaw Lie," and, "The Phillipine Falsehood," to which some of our big deluded editors have so stupidly and confidently committed themselves within the last two months, on the basis of certain government reports which state that millions of persons can be and are vaccinated, as alleged, in the Phillipine Islands, without a single injury or death, and that fatal lockjaw infection is never conveyed in vaccine virus itself or caused by vaccination. The latter conclusion has been based on a recent report by Dr. J. F. Anderson, of the U. S. Public Health Service, which the falsifying vaccinators have made much use of in attempts to sustain their favorite and shocking falsehood that vaccination is perfectly safe and harmless and never causes death by lockjaw directly or indirectly, but which report we will show is most futile, and absurd as any defense of vaccination against the impregnable proofs of its deadly effects through lockjaw and many other septic infections caused both by the virus and the vaccination wound.

As we now go to press the daily papers of the last week (September 30 to October 7), as if in fateful reproof of these shocking medical falsehoods, report the deaths of five children from lockjaw following vaccination in the usual periods of incubation. These cases are the two little boys, 5 and 7 years, of Charles Perks, of Burlington, N. J.; Dorothy Klemm, 5 years, of 148 Smart Av., Flushing; Martha Markusson, 5 years, of 766 41st St., Brooklyn, and Eleanor Fredericks, 6 years, of Fort Wadsworth, Staten Island. Thirty children were killed by vaccination in New York State about this time last year, so that this is now evidently the "open season" for this medical slaughter of the innocents by compulsory disease, which we believe will have to be ultimately stopped by criminal proceedings against the men, high or low, who can be convicted as responsible for these medical homicides before our courts and juries.

LETTER TO MR. LOYSTER FROM MR. HIGGINS EXPOSING THE EVILS OF THE LOYSTER LAW

DEATH OF THE STILLWAGGON BOY FROM VACCINATION CITED AS AN EXAMPLE OF MANY OTHERS. VACCINATORS WHO KILL CHILDREN COMPARED TO PRESIDENT McKINLEY'S ASSASSIN. ABSURDITY AND WORTHLESSNESS OF THEIR "REPORTS" ON SUCH DEATHS DEMONSTRATED. WARNING AGAINST THIS CHILD SLAUGHTER AS BEING A CRIME UNDER THE PENAL CODE.

Mr. James A. Loyster,
Cazenovia, N. Y.
Dear Mr. Loyster:

I herewith enclose a copy of an article from the Brooklyn Eagle of March 7th, showing the death of another little victim of vaccination on the thirteenth day after the operation, namely, Nathan H. Stillwaggon, son of John H. Stillwaggon, of 317 Ward Street, Richmond Hill, Long Island, N. Y., aged six.

The doctors, as you will see, deny all responsibility of vaccination for the death which is the usual medical falsehood in such cases, which cries to Heaven for punishment and must make the angels weep while the devils laugh; and this is another case to add to your collection in the next edition of your pamphlet, which will now make 27 deaths of children from vaccination in this State in less than one year.

ENDANGERING LIFE OF CHILD A CRIME UNDER PENAL CODE

As to the "report" of the doctors in this case, you know what a farce these "reports" and "investigations" usually are and what an absurdity they are from a legal and judicial aspect, that is, the offender reporting on and trying himself and acting as judge and jury in his own case! We might as well accept an exculpatory report from Czolgosz on the killing of McKinley as accept a report from our vaccinating doctors on a vaccination death. These doctors are all employes of the city and the city also makes this virus which they use in their operations. Now, does any man of common sense expect that any one of these city employes will legally and publicly acknowledge, under his own signature, that these coercive medical operations, which they perform on our little frightened children against the wish or desire of their parents, actually kill these children? And does any one expect that these men will legally and publicly admit that this virus, made by the city, which they put into the children's bodies in this entirely unnecessary and dangerous operation of vaccination, is actually, per se, a virulent, active blood poison, a purulent infection and septicemia pure and simple, which is capable of killing any child at any time within a few days or weeks, faster than the worst smallpox ever kills them, depending almost altogether on the constitution and present condition of the child vaccinated? If they made any such horrible but true admission as this it would probably not be difficult to convict the doctor guilty of any such act in about ten minutes before any jury in this vicinage, under Section 483 of the Penal Code on "Endangering Life or Health of Child," and under Section 1050 on "Manslaughter." In addition to such criminal prosecution, the ground would be clearly laid for a civil suit for heavy damages by the parents against the city for the loss of their child caused by such dangerous acts of medical malpractice by its agents and employes and by the use of its infecting manufactured product on the body of such child, which they so falsely and foully represent as perfectly safe and harmless.

We will, of course, never get these doctors to admit these facts and stop their dangerous practices until we either put able and eminent laymen at the head of our health departments, who will compel them to tell the truth, or until we prosecute them under our civil and criminal laws for any dangerous and illegal acts of which they may be guilty.

THE LOYSTER BILL ANALYZED AND CONDEMNED

I also enclose the latest copy of your amended Bill which, as you probably know by this time, has already passed the Assembly. As you look over this bill you will readily see what a fine piece of work it is in favor of the vaccinators and against the life of school children in this State and against the sacred rights of their parents to the sanctity of the bodies, health and life of their children, who are the most sacred possession of the parent.

In your address to the legislators, which you will see I have had printed for public circulation under the title of "A Heart to Heart Talk," you ask them in a manly way, *"Do you want to stand up for this old law? Are you going to sit here and let this law kill more children?"* They have now virtually answered you in the amended bill which your legislative friends in the Assembly have just passed as an evident honor to you: "Yes. We are not only going to stand up for this old law, but we will make this old law four times worse, so that it will apply to every school, public or private, in this State, and leave no school which any child can enter unvaccinated, so as to make the possible slaughter of the children by this law and the possible profits of the vaccinators and vaccine mongers four times more."

I now therefore ask you to carefully look at this shocking piece of legislation, which has been drawn by yourself and manipulated by your coadjutors, the health officials of this State, into whose scheme you have fallen (against all my warnings), and passed by your legislative friends, who do not seem to know when they are made the victims of medical craft and graft, and who have now perpetrated one of the most shameful and dangerous pieces of legislation that has ever been inflicted on the people of this State by our medical autocrats.

You can therefore see what a splendid monument this Bill will be to your memory and to the memory of your precious boy, slaughtered by coercive vaccination, if we should not be able to defeat it and it should be passed by the Senate and signed by the Governor.

You will see that there are two laws in this bill, one for big cities and one for the rest of the State, and that by this cowardly and illegal division you have got a law for your own country districts which is a little more favorable to the country children than for the city districts. For the city districts the law gives no escape whatever for our city children but forces this murderous practice of coercive vaccination on every school child, public or private. It therefore now threatens to put this evil on my own children, who go to private school. While I have never yet been injured by vaccination, because I knew enough to know that almost all the grounds upon which compulsory vaccination is based are outrageous falsehoods, yet I have fought day and night for years, exhausted my health, and have spent a fortune in money for the benefit of others who are not rich enough to be able to send their children to private school and escape this damnable doctor-made law; and yet you and your friends now come in with a contemptible and cowardly bill which will relieve their own children in the country districts to a certain extent from the evils of vaccination, for the price of putting this barbarous evil four-fold stronger on all the children of the big cities, where the profits of the doctors will be four times more.

Now, all I have to say here is that, if you stand for this kind of thing, you are an entirely different man from what I believed you to be. And, of course, it is unnecessary for me to tell you that I shall oppose this evil bill to the very end, with my last ounce of strength, last idea of logic and my last dollar of money, until all this kind of legislation is buried out of sight of every decent man in this State and a law passed which will repeal the crime of compulsory medical disease on our school children and make it as great a curiosity of a past barbarism as our State and National constitutions now make the old barbarism of compulsory religion, from which barbarism the people suffered so much in a past age, but not half as much as they now suffer from the much more dangerous barbarism of compulsory disease, forced upon us by our gigantic medical societies and interests, of which our health departments, as now directed, are part and parcel.

Yours very truly,

(Signed) CHAS. M. HIGGINS,
Treasurer Anti-Vaccination League of America.

271 Ninth St., Brooklyn, N. Y.
March 10, 1915.

MR. LOYSTER'S ANSWER

It is not necessary that we here publish all of Mr. Loyster's answer to this letter, which is very long and somewhat involved in his effort to justify what cannot be justified, but I think it is proper to publish the first paragraph of his letter to show that he takes full responsibility for this law as his own special work and that I therefore do him no injustice in putting the chief responsibility for the passage of this evil law on the man who seems to take such pride in this work and seems to be so sure that the organized coecrcive vaccinators in our health departments and medical societies have not fooled him in his advocacy of their pet profitable and illegal schemes, which they have fully secured in this lawless law.

James A. Loyster,
Member Republican State Committee,
Madison County.

Cazenovia, N. Y., March 15, 1915.

Dear Mr. Higgins:

Your letter of March 10 is received. From its tenor it is apparent that it is useless for us to discuss the Tallett Bill.

As I have repeatedly written you, this bill is in the nature of a compromise, and is not exactly the bill I would place on the statute books if I could have my own way. It is my creation, however, and with one exception every item in it has had my approval. I do not think you can expect me to listen to the flood of billingsgate that you are pouring out against a bill that I am more largely responsible for than any other person without a feeling of resentment. I do not feel at all flattered at your assumption that I have not sufficient brains to know whether or not I am being hoodwinked by any of the doctors connected with the department of health. I have for many years flattered myself on the possession of an ordinary amount of intelligence, and naturally it wounds my vanity to find out that I am * * *

* * * * * * * * * *

Very sincerely yours,
(Signed) JAMES A. LOYSTER.

A FEW WORDS FOR MR. LOYSTER AND HIS COLLEAGUES

It will be seen from the above how Mr. Loyster resents the idea that he or his colleagues, Mr. Tallett or Senator Jones, have been in any way hoodwinked by the medical powers in this State in getting measures enacted in the Loyster-Jones-Tallett Law which just suit the vaccination doctors and which they have been trying to get through for years past against our successful opposition. Does Mr. Loyster, therefore, mean to coolly tell us that these sinister measures were and are his own spontaneous ideas solely and purely? And does he mean to tell us that to take compulsory vaccination off the school children in his own little town of Cazenovia, of two thousand population, and in Mr. Tallett's little town of De Ruyter, of six hundred population, and to put this medical evil on every school, public and private, in *the ten leading cities of the state, with a population of six millions,* and with *double pay to the doctors for every public vaccination performed,* is his own particular idea of a proper law to be passed in this State in the interest of the people? And does he really think that this is good and noble and proper political work for him to do in this State as a Republican politician or Statesman, whichever he may regard himself? If he does think so, then I am very sorry for Mr. Loyster; and I thought I had done him an honor in supposing that this was not really his own work but was the work of the dangerous organized medical powers which commonly fool and tool our legislators and also control our medical legislation and our Departments of Health and Vital Statistics in this State, but which system must be soon driven out of power by the people of the State by a radical reform which will place able laymen at the heads of these departments as they now have in Democratic England, and not the pompous doctors and members of great medical societies, as we now have here, who are professionally interested in many dangerous and profitable medical practices and in denying and concealing deaths and disasters from such practices and not in giving the ten millions of people in this great state either Medical Freedom or Medical Truth.

GIGANTIC MEDICAL INTERESTS BEHIND OUR VACCINATION LAWS MOST DANGEROUS POWER IN BODY POLITIC

To show what a gigantic medical interest is behind all our vaccination laws and is constantly exerting both an open and concealed influence on our Legislature and our State and City Departments and on public opinion, it will be sufficient to give a few facts on this head to make this point obvious.

There are nine concerns licensed by the U. S. Government to manufacture vaccine virus in this country, with a combined capital of about twenty millions! The largest of these concerns is the Parke-Davis Co. of Detroit, with a capital of about ten millions, and the next largest is the H. K. Mulford Co. of Philadelphia, with a capital of about two millions. These nine licensed manufacturers include the Health Department of the City of New York, which is actually engaged in the commercial business of making and selling vaccine virus, not only to doctors here for private use, but to other cities in the country for public use, in addition to its use for public vaccination in New York City and State. This list of licensed manufacturers also includes an ex-Health Commissioner of New York City, Dr. Ernest J. Lederle, or his company, the Lederle Co., of 170 William Street, New York City, which makes vaccine virus and anti-toxins.

It will thus be seen that the vaccine interest is very close to our department officials, and that they actually have a positive official bias or interest in denying and concealing injuries and deaths occurring, directly or indirectly, from the medical products made by their own departments and actually put into the body and blood of our children in operations performed by their own subordinates or doctors, all employes of the City or State!

Now, in addition to this gigantic manufacturing interest of nine vaccine mongers, with nearly twenty millions of capital, there are the gigantic medical societies, both state and national, with tens of thousands of members, which are in practical alliance with these vaccine manufacturers as purchasers and users of their products and also as the originators, advocates and maintainers of all our compulsory vaccination laws, which are obviously worth millions of dollars every year to these vaccine mongers and the vaccinating doctors who use their products, which are constantly being forced upon the people under our evil and illegal vaccination laws. It will be sufficient to give the names and numbers of these medical societies to show what a dangerous power we have in the body politic, which is solely responsible for placing upon the people this most dangerous and illegal oppression of compulsory medicine, an oppression much more evil than compulsory religion ever was, and which is now represented in the evil practice of compulsory vaccination and other schemes of medical compulsion, such as compulsory medical examinations, etc., now improperly forced upon the people.

There is a national association of doctors, known as the "American Medical Association," which has a membership of 40,000 doctors! The head office of this society is in Chicago but it has a large membership in the City and State of New York. In this State we have the following medical societies: "Medical Society of the State of New York," 7,390 members; "Medical Society of the County of New York," 2,515 members; "Medical Society of the County of Kings," 950 members; "Associated Physicians of Long Island," 503 members. There are, of course, many other medical societies, but these are the chief ones, more directly influencing our own City and State; and any one can see at a glance what a menace these societies are and what a dangerous power they are in our body politic when they are in fact united as one body in the advocacy of compulsory medicine in its various dangerous and illegal forms and particularly in the evil form of compulsory vaccination, and it may be set down as a fact that to these medical societies, in connection with the great vaccine mongers, we owe all our compulsory vaccination laws. Experienced legislators have informed me that this gigantic medical power has the most complete organization and lobbying system for influencing legislation of any interest in the State, as we have seen partly illustrated in the passage of the evil Loyster Law.

The history of our compulsory vaccination law shows that this was first passed in 1860 and has ever since been on our statute books with some slight changes until it was superseded by the present Loyster Law, and it was originally passed simply on petition from *the Medical Society of the State of New York* and was rushed through the Legislature and signed by the Governor in a few days without any public consideration or hearing whatever. Numerous efforts have been made by the people of this State at different times during the last ten or more years to have this evil law repealed, but it has been constantly opposed by this same gigantic medical power, which profits immensely by such laws, and which power has been generally able to continue such evil laws by hoodwinking not only our legislators, but also our courts and a large part of our people with its three great falsehoods:

(1) That compulsory vaccination is absolutely necessary for the

prevention of smallpox epidemics and is the only known remedy therefor.

(2) That Sanitation, Isolation and Hygiene have no influence whatever in preventing or controlling smallpox.

(3) That vaccination is perfectly safe and harmless and never causes any injury or death.

I have already demonstrated what dangerous and criminal falsehoods all of these propositions are and need say nothing further on that point here, but any person of common sense can see that when we have the same set of men in full control of our health departments and vital statistics who are also engaged in the practice and profit of vaccination, and when these men have thus full power and a direct interest to deny and conceal injuries and deaths from vaccination and other medical operations in death certificates and yearly reports we obviously cannot expect much reform in this great medical evil and menace until we put able laymen at the heads of these departments, who will have no interest in these medical denials and concealments, and who will administer these departments purely in the interest of the people and not in the interest of medical manufacturers, medical societies and medical theories, as I have already suggested.

To show what a gigantic interest the doctors and medical societies have in our own city government it will be sufficient to consider these figures, which have been given by the President of the Board of Aldermen in a medical journal. There are 8,100 registered doctors in this city of New York, and out of this number nearly one-quarter or 1,632 are in the employment or service of the city which pays a million dollars a year for this service!

It is therefore obvious from all the figures already given what a powerful medical control the people are under unconsciously to themselves, and what a powerfully intrenched and organized medical force we actually have in public office in our body politic in City and State which, under the forms and appearances of looking after the public interest only, is in the strongest possible position to look after the interests of its own profession first and to be safely able to deny and conceal any of the injurious or fatal effects of any of the medical practices, theories, experiments or fads, which it may be regularly practicing or favoring for the time being. This allegation is, of course, the obvious fact because this organized medical force controls all our health departments, vital statistics, death certificates, autopsies, medical reports, etc., etc., and can, of course, make any of these records or reports to suit their medical dogmas, theories or interests and conceal their mistakes; and there is no element now in our City or State governments to adequately check this dangerous, evil and one-sided power, and will not be until we put able laymen in office over this gigantic medical interest, with honest doctors under them of whom plenty can be found in this great profession who can quickly relieve the profession from the disgrace which the oppressions, falsehoods and malpractices of medical compulsion and domination have already brought upon it all over this State and Nation.

LETTER TO GOVERNOR WHITMAN ASKING VETO OF LOYSTER-TALLETT BILL

SINISTER FACTS IN CANVASS AND PASSAGE OF THIS BILL EXPOSED AND CONDEMNED

Subject:—Final appeal to veto the scandalous and dangerous Jones-Tallett Vaccination Bill.

Hon. Charles S. Whitman, *Governor,*
Albany, N. Y.

I again solemnly urge upon you the veto of the Jones-Tallett Vaccination Bill, as being a most shameful and dangerous piece of medical legislation, full of medical craft and graft in the interest of vaccinators and vaccine dealers operating in this State, and worth millions of dollars to this big medical interest.

This bill puts compulsory vaccination on every school child in this State, whether in big cities or country districts, and whether in public, private or parochial schools, whereas the present law applies to public schools only. It has been falsely and foully represented from the first as applying only in case of actual epidemics and as *not applying to the City of New York at all!* Many members of the Senate and Assembly from New York City seem to have voted for the bill on this false representation, into which they have been misled by some person or persons. Such fraud, and deceit, I believe to be a crime under Section 1327 of the Penal Code, and whoever may be guilty of such a crime should be convicted and punished, if possible, under due process of law. Some evidence on this head has already been placed before you, and I believe that this fact alone of gross deception in the canvass and passage of this bill should cause you to veto the bill as a legal outrage and scandal in our legislation.

In addition to this evidence of probable fraud or deceit in the passage of this bill, its enforcement, if it is made a law, on our little school children would be most dangerous to health and life and would result in many deaths every year. I have already clearly proved to you that the school age is most immune to smallpox and has the highest vitality and lowest death-rate from all causes of any age-class in the population, and therefore needs alleged protection from smallpox less than any other class, and that men of voting age, legislators and voters, are five times more subject to smallpox and five times more in need of vaccination than school children, yet no one has attempted to put compulsory vaccination on this manful age, able to bear it with less danger than children; but, with shameful medical and legislative ignorance and cowardice, this evil has been put only on our little school children, under the false teachings and urgings of our medical societies, health officials, vaccinating doctors and vaccine mongers, who profit immensely by the enforcement of such evil laws.

I have also shown you that vaccination is simply the infliction of a dangerous disease which, for children, is more dangerous to health and life than natural smallpox and now actually kills more children than smallpox, which fact is shamefully concealed in our vital statistics, but is clearly proved in every yearly Report of the highest statistical authority in the world, the Registrar-General of England.

This shameful bill also pretends to make the enforcement of vaccination less rigid in our country districts than in our big cities, under the false idea that cities are more subject to smallpox than country districts as a whole. But this is another shameful falsehood of the men —some of whom are in our State Department of Health—who are responsible for the drafting of this false and evil bill. On the contrary, the country districts, which contain less than half the population of this State have almost always many more cases of smallpox than the City of New York, which contains more than half the population of the State. So much is this the fact that the cases of smallpox in the country districts outside of New York City are usually five or ten times more every year than in New York City. Furthermore, smallpox is, in fact, more of a country disease than a city disease, occurring most where there are paper and rag mills and industries dealing with animal textures, wool, hair, and hides, and with farm filth and domestic animals, etc., and where there are lumber camps and "bunk houses" of railroad and other laborers, with great human overcrowding and gross unsanitary conditions which are absent in the cities; and in fact, most of the cases of smallpox found in the cities come from the country. The shameful falsehood here refuted is therefore only one of many similar falsehoods constantly forced by the ignorant and reckless vaccinators in our health departments and medical societies on the Legislature and the People of this State; and on such falsehoods all vaccination legislation like that in this evil Tallett Bill has been based.

Under these facts and circumstances I therefore submit to the Governor of this State, as a last appeal for Right and Truth and Justice in this matter, that the enactment of this false and evil Jones-Tallett Bill into Law would be a medical crime on the people of this State; and I shall therefore hope that the Governor will be in no way responsible for this crime by signing or approving this scandalous piece of legislation.

Respectfully submitted,

CHAS. M. HIGGINS,
Treasurer Anti-Vaccination League of America.

271 Ninth Street, Brooklyn, N. Y.,
March 31, 1915.

THE HEARING BEFORE THE GOVERNOR

(March 29th, 1915)

To show how this evil Tallett Bill has been falsely represented from the outset so as to win votes on this false basis to rush it through the legislature, as referred to in the above letter and at the hearing before the Governor, it may suffice to state that from the first it has been boldly represented as providing for enforced vaccination only in case of actual epidemics and only in such epidemic districts, and that the law *did not apply at all to big cities* like New York, whereas it was not at all limited to epidemics and applied constantly in all big cities. To prove how well this gross deception has worked, I here give a verbatim copy of a letter written by my own local Assemblyman, Hon. William T. Simpson, of the Twelfth Assembly District in Brooklyn, where I reside, to a neighbor in the same district.

ASSEMBLY CHAMBER
State of New York
Albany

March 8th, 1915.

Mr. Stephen McNamee,
225 14th Street,
Brooklyn, N. Y.

Dear Sir:

Your favor of the 4th instant at hand and was received my me on my return to Albany to-day. In reply thereto beg to say that the Tallett Bill, to which you refer, did not affect the City of New York in any manner and for that reason was not opposed by City members.

I thank you for your favor and will place the same in my file.

Yours very truly,
(Signed) Wm. T. Simpson,
Assemblyman.

From this shocking letter it is plain that Mr. Simpson and many other members from the city, in both Senate and Assembly, voted for this bill with the idea that it had no reference to the City whatever and that they did this evidently on the mere statement and request of somebody to vote for the bill without ever having read or studied the bill or the letters sent from constituents warning them of the real nature of the bill. Now surely the making of law is the highest and most sacred function that can be exercised by any man or official, much more sacred and important even than the work of the Judiciary in the interpretation of law or the work of the Executive in the enforcement of law, and surely here is a shocking sample of how some laws are passed and how the most sacred of all official functions is sometimes exercised under political "deals," "combinations," or sinister influences, and particularly through gross neglect of legislators to clearly know what they are voting for before they vote, as seems to have existed in the case of Mr. Simpson and others.

MR. TALLETT'S SHOCKING LETTER

A more shocking example yet of blind or deceptive legislation is found in this letter from Mr. Tallett himself to a voter in Brooklyn, in which he shows complete ignorance of the real nature and scope of his own bill, or rather Mr. Loyster's bill, which he introduced in the Assembly, and in which it will be seen he states in a postscript, written in by his own hand, that the bill does not apply to New York City at all, whereas it, of course, applied, as any tyro in legislation could see at a glance, positively and particularly to New York and other big cities.

ASSEMBLY CHAMBER
State of New York
Albany

January 29th, 1915.

Mr. Percy Gianella,
608 Fifth Street,
Brooklyn, N. Y.

My Dear Mr. Gianella:

I have your favor of the 28th instant and enclose copy of Assembly Bill No. 125, which will explain itself. This bill is introduced for the purpose of modifying the present vaccination law relative to children in public schools.

Yours very truly,
(Signed) Morrell E. Tallett.

MET'EFG

Enclosure (Written in by hand)

This law does not apply in Greater New York. New York City has its own Public Health and Public Education laws.

When Mr. Tallett was confronted with this letter at the hearing before the Governor this is what he said, according to the record of the Hearing:

"When it (his Bill) was introduced I was told that New York City had its own law in regard to the education business and that this wouldn't affect it."

Now, who it was that misled Mr. Tallett and other legislators with this stupid and dangerous falsehood does not yet appear, but I think it is evident from the disgraceful facts above shown how easy it may be for the highly organized medical powers in this State not only to fool but to tool some of our legislators into possibly getting most any kind of a bill through to suit these medical interests, without the actual knowledge or consciousness of these legislators as to what they are really doing, as seems to have been actually the case with the Loyster-Tallett Bill.

To add to this shocking exhibit, I now give an extract from the manly letter of the Senator from my own local district, Hon. William B. Carswell, of Brooklyn, which shows another evil feature in the passage of the Loyster Bill, in that his own vote was actually recorded for this bill while absent without his knowledge or consent and positively against his intentions and orders, and I have reason to think that this is not the only example of such false record in the vote on this Bill.

WILLIAM B. CARSWELL,
6th District.

THE SENATE OF
THE STATE OF NEW YORK
Albany

61 Broadway, New York City, N. Y., June 10th, 1915.

Mr. CHARLES M. HIGGINS,
271 9th Street,
Brooklyn, New York.

Dear Mr. Higgins:

I am in receipt of your favor of the 8th inst., in regard to my vote on the Tallett Bill. From it I learn for the first time, that I am recorded in favor of that measure. I am and was opposed to the measure and my views underwent no change. I not only advised you and several others that I was against the bill, but Senator Jones, who handled the matter in the Senate, was informed by me on the several occasions he solicited my vote for the bill, that I was against it. I am erroneously recorded in favor of the measure through some mistake of the clerk at the desk, or the copy of the roll call has been incorrectly made out.

* * * * * * * * * *

Trusting I make myself clear in the foregoing, I am, with best wishes,

Very truly yours,

WBC/D (Signed) Wm. B. Carswell.

All these facts as given above surely make a most disgraceful record of improper legislative methods under which the Loyster Bill was passed which speak loudly for themselves and need no further comment here, and I now submit these facts for the information, criticism and judgment of the people of this State as a public duty under the circumstances.

GOVERNOR WHITMAN'S MISTAKE

I now have to add, with regret, how I believe the Governor neglected or shirked his clear duty to consider all the facts we placed before him at the hearing on this evil Loyster Bill, and how he failed to use his own judgment on these facts but deferred judgment on the whole subject to the Commissioners of Health, who, of course, are professionally interested in and committed to the whole subject of vaccination and cannot possibly be considered impartial or proper judges in the matter. We will now let the Governor's own words speak for him, as taken from the official records of the Hearing, in answer to our counsel, Hon. Charles F. Murphy, of Brooklyn.

THE GOVERNOR: Don't you think the Governor is obliged, or rather justified in looking to the Health Department of State and City in a matter that is so peculiarly within its jurisdiction as this matter? I am not in a position myself to decide as to whether vaccination is a good thing or not. It didn't work very well with me.

MR. MURPHY: And that is just why I agree with you. It didn't work well with me, either, Governor.

THE GOVERNOR: Here is the Health Department of the City, at the head of which is a man of national reputation, and whose opinion on questions like this ought to carry great weight anywhere; and the Health Department of the State, whose Commissioner is a man of standing and a man who has done a great work there, and is doing great work there now. I do not feel as though I ought to pass on that question. The Health Department should do it.

This illustrates clearly how the average legislator and the average executive treats the whole subject of vaccination whenever it is brought officially before them. Instead of considering the actual facts of the matter as the highest possible authority, and considering the whole subject carefully on their own account from these basic facts, they will usually, in a thoughtless, cowardly or shirking way, defer to so-called medical authorities which have a professional interest and bias of the strongest kind on one side only of this subject. Now, how an eminent lawyer like Governor Whitman could make such a logical and judicial mistake as this would be very strange did we not know by long experience that it is so very common with Governors and Legislators who are good lawyers to act like very bad lawyers and poor judges when this complex subject of vaccination comes up, which they will persist in failing to study for themselves and get the real facts of the matter on both sides into their "lay" and unprejudiced minds, as should be the case with every true "juryman" sitting on any contested matter of facts. And surely Governor Whitman is enough of a lawyer to know that, under our fundamental laws, our whole legal system is based on the proposition that the common layman or juryman is perfectly competent to consider *facts* and give his legal decision on them and that the ordinary intelligent layman having no personal, selfish, business or professional interest in the subject at hand is, as a matter of law, *supreme in his judgment on these contested facts,* and that, on the contrary, the man who has a business or professional interest in a subject like vaccination (as our doctors and health officials have) is just the very man who should not be asked to judicially or legally decide any such subject; and yet that is the very mistake that the eminent lawyer, Governor Whitman, made in this case, which is contrary to all the legal logic and equity on which all our great jury and court system is based. To therefore defer the question of the propriety of any vaccination law to the men directly interested in forcing vaccination on the people is just about as logical and judicial as if an ordinary trial judge and jury should conclude they were "incompetent" to pass on the "law" and "facts" involved in the case before them and should abdicate and turn over the whole case to the lawyer for the defendant to settle as he thought best! If Thomas Jefferson had submitted his great Declaration of Liberty to the lords and aristrocrats of England for approval before he submitted it to the people of this country, or if Abraham Lincoln had first submitted his Emancipation Proclamation to Jefferson Davis and the slave-holders of the South for their approval, it would have been just about as reasonable, logical, judicial and lawyer-like as for Governor Whitman to defer any question of compulsory-vaccination-law for final decision to Commissioner Biggs or Commissioner Goldwater, or any other vaccinating doctor in this State.

We have great hope and faith, however, that the Governor will never again make the mistake that was made in this case, if he once studies and absorbs the medical, statistical and legal facts now given to the public in this little pamphlet on this great and complex subject of vaccination.

NEW LAW SUGGESTED FOR REPEAL AND PROHIBITION OF ALL COMPULSORY VACCINATION

The next Legislature should make a full repeal of the present evil Loyster Law by passing some such law as that suggested below, which prohibits all compulsory vaccination, and the parents of the two and a quarter millions of school children in this State should strongly urge the passage of this law by their representatives in the next Legislature.

PROPOSED LAW PROHIBITING AND PENALIZING COMPULSORY, COERCIVE OR FORCED VACCINATION OR INOCULATION IN THE STATE OF NEW YORK

No form of vaccination or inoculation shall be imposed upon any person by any form of force, intimidation, or coercion, against free will and consent, and no child or minor shall be subjected to any form of vaccination or inoculation without the free consent of parents or guardians. All doctors, health officers or other persons, in attempting or offering to vaccinate or inoculate any child or other person, must first carefully explain to such person, or to the parents or guardians of such child or minor, that the proposed vaccination or inoculation is in no way compulsory, and will not be performed if objected to by such person, parent or guardian.

No form of vaccination or inoculation shall be made a condition for admission to any public or private school or college in the State or for the exercise of any other right or privilege of any citizen, taxpayer or other person in the State.

A violation of any of these provisions shall be punishable by a fine of from five hundred to one thousand dollars, or imprisonment for from one to two years, or by both fine and imprisonment at the discretion of the Court.

All existing laws or parts of laws inconsistent with these provisions are hereby repealed.

This Act shall take effect immediately.

OTHER REFORMS SUGGESTED FOR ATTENTION OF PARENTS AND SCHOOL OFFICERS

The parents of the two or more millions of school children in this State who pay the taxes for the support of the most extensive and most expensive function of our State and City governments, viz., Public Education, should now unite in making a general demand upon or remonstrance to our educational officials of State and City for a proper protection of the most sacred rights of our most precious possession, the children of school age, who form one-quarter of our whole population, which remonstrance should take some such form as stated in the following propositions:

First: To give expression to some proper criticism of our State Department of Education for its mistake in blindly accepting gross and dangerous medical and statistical falsehoods issued by the State Department of Health in its bulletin of February, 1914, on the subjects of smallpox and vaccination and adopted in the vaccination order of Deputy Commissioner Finegan, sent to all school districts, dated March 20, 1914, and for the failure of this great Department of Education to properly protect the two millions of school children in this State from this great medical superstition and danger of compulsory disease as an alleged mode of producing public health, but which is far more dangerous to school children than natural smallpox, and has killed 30 or more children in this State in 1914.

Second: To express a proper censure of Deputy Commissioner Finegan for his apparently illegal and intimidating order of March 20, 1914, to the local trustees throughout the State, forcing them to compel vaccination of school children, contrary to their own legal discretion in this matter and in violation of the decision of Commissoner Draper recognizing this discretion in the local school officers in the case of the town of Olean in 1912, which order has resulted in the deaths of many children all over the State from this forced vaccination.

Third: To carefully consider the legal question whether the Department of Education or the State government is not liable to parents for the deaths of their children killed by vaccination thus coercively forced upon them; and

Fourth: To consider whether doctors and health officials performing these fatal vaccinations—under the false representation that the operation is safe and harmless, instead of being actually, in all cases, the infliction on the healthy human body of a potentially dangerous disease of blood poisoning known as purulent infection and septicemia—are not liable for both civil and criminal prosecutions.

Fifth: To secure a public investigation of our health departments to expose their constant denial and concealments of deaths from vaccination and consequent falsification of our vital statistics.

Sixth: To consider the passage of a special Act of the Legislature to indemnify parents for the destruction of health or loss of life of their children caused by compulsory disease illegally forced on them by agents of the State or City under the false representation and criminal malpractice that such act of compulsory disease was necessary for their health, or the health of the State, and that it was entirely safe and harmless, or, as expressed in the actual words of the State Department of Health in its Bulletin of February, 1914, that "There is not the slightest risk in the process of vaccination," etc., which false and dangerous statement we believe to be actually a crime on the people of this State and would justify a public request for the removal of its authors from office.

Seventh: To urge a proper public investigation of the medical graft in the practice of vaccination and sale of virus in this State, to show how much is paid for vaccination and for virus by the State or by towns and cities or school districts, and who get this pay.

Eighth: To secure the passage of a new law which will remove all vaccinating doctors and members of medical societies from the heads of our departments of health and vital statistics and put in their places able and eminent laymen having no interest in medical practices or concealments, same as now exists in England, where the Registrar-General and Minister of Health are both eminent laymen, and where the vital statistics are known to be the most full and reliable in the world and where deaths from vaccination are not concealed but are reported regularly every year, showing in many years greater mortality than from smallpox.

PROTEST OF PARENTS TO BOARD OF REGENTS AND DEPARTMENT OF EDUCATION

All parents of school children in the State who are opposed to compulsory vaccination, and particularly all parents whose children have been injured or killed by vaccination forced upon them within the last two years, should write a strong personal letter of remonstrance to the Board of Regents, or to the State Department of Education, at Albany, protesting against the longer continuance of this barbarous medical evil of compulsory disease on our State schools as a condition for education therein, and particularly for the failure of our high school officials to protect the children from this evil long ago and for supinely accepting the dangerous and stupid medical falsehoods on which this evil has been based. The blind acceptance of such falsehoods is an actual disgrace to the mental acumen of men capable of any independent judgment or of investigating facts for themselves, by which they could soon be convinced of the needlessness of compulsory vaccination for school children and of its awful danger to their health and life. This great danger is clearly shown when at least ten times more children are killed every year, directly or indirectly, by vaccination than by smallpox, against which the vaccination is directed and to which disease children of school age are naturally more immune than any other element in the population.

These parental letters of protest should be addressed, "To the Board of Regents, Albany, N. Y.," or, "To the State Department of Education, Albany, N. Y."

It should be remembered that the Board of Regents (twelve in number) control the entire Public School System of the State and appoint the Commissioner of Education, the chief officer of the Department of Education, who serves at the pleasure of the said Board of Regents.

PAMPHLETS FOR SALE

We have bought several thousand of Mr. Loyster's valuable pamphlet entitled "Vaccination Results In New York State in 1914" for circulation at cost. This pamphlet shows the deaths of nearly thirty children from vaccination in 1914, including Mr. Loyster's own son, with portraits and detailed description. These deaths were the result of the illegal vaccination crusade forced on the schools of the State by the ill-advised and untenable order of Dr. Finegan, Deputy Commissioner of Education, dated March 20, 1914, issued under the illegal dictation of the State Department of Health, and upon its false and dangerous advices that such forced vaccination was necessary for the health of children and was perfectly safe and harmless, which dangerous orders and false advices, with their fatal effects, should become the subject for public investigation and rebuke of all the State officials responsible for them.

Price of the Loyster pamphlet by mail, ten cents each

Copies of the present pamphlet, "The Crime Against The School Child," will be mailed upon request. Price, ten cents each.

P. J. Collison & Co
Brooklyn, N. Y.

THE CRIME AGAINST THE SCHOOL CHILD

Compulsory Vaccination Illegal and Criminal and Non-enforceable Upon the People

How to Legally Defeat this Medical Evil Which Now Kills More Children than Smallpox

Advice to Parents and School Officers With Legal Defenses Against All Compulsory Vaccination

By
CHAS. M. HIGGINS
Brooklyn, N. Y.
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FROM FORTY-FIVE YEARS OF
REGISTRATION STATISTICS.

ALFRED R. WALLACE, LL.D.

TO MEMBERS OF PARLIAMENT
AND OTHERS.

Forty-five years of Registration Statistics, proving Vaccination to be both useless and dangerous.

In Two Parts.

BY
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Forty-five years of Registration Statistics.

PART I.

Small-pox Mortality and Vaccination.

HAVING been led to enquire for myself as to the effects of Vaccination in preventing or diminishing Small-pox, I have arrived at results as unexpected as they appear to me to be conclusive. The question is one which affects our personal liberty as well as the health and even the lives of thousands; it therefore becomes a duty to endeavour to make the truth known to all, and especially to those who, on the faith of false or misleading statements, have enforced the practice of vaccination by penal laws.

I propose now to establish the following four statements of fact, by means of the only official statistics which are available; and I shall adopt a mode of presenting those statistics as a whole, which will render them intelligible to all. These statements are:

(1.)—That during the forty-five years of the Registration of deaths and their causes, Small-pox mortality has very slightly diminished, while an exceedingly severe Small-pox epidemic occurred within the last twelve years of the period.

(2.)—That there is no evidence to show that the slight decrease of Small-pox mortality is due to vaccination.

(3.)—That the severity of Small-pox as a disease has not been mitigated by vaccination.

(4.)—That several inoculable diseases have increased to an alarming extent coincidently with enforced vaccination.

The first, second, and fourth propositions will be proved from the Registrar-General's Reports from 1838 to 1882; and I shall make the results clear and indisputable, by presenting the figures for the whole period in the form of diagrammatic curves, so that no manipulation of them, by taking certain years for comparison, or by dividing the period in special ways, will be possible.

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DIAGRAM I.

Deaths in **London** per Million Living from Small Pox and from the Chief other Zymotic Diseases except Cholera.

Lower Line Small Pox. Dotted Line Typhus &c. Upper Line Zymotic Diseases.

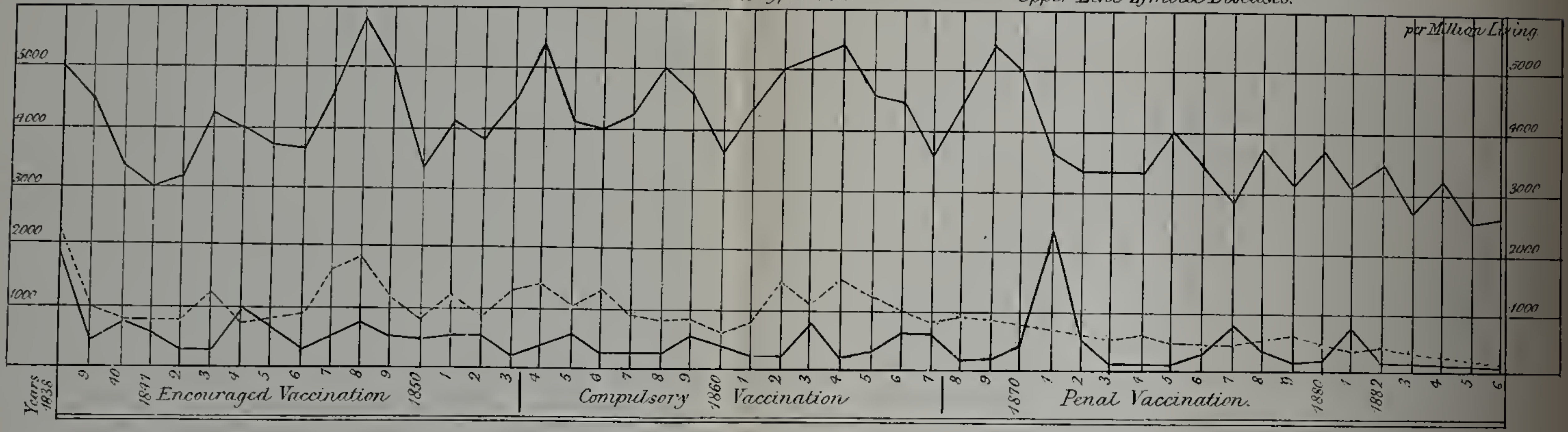
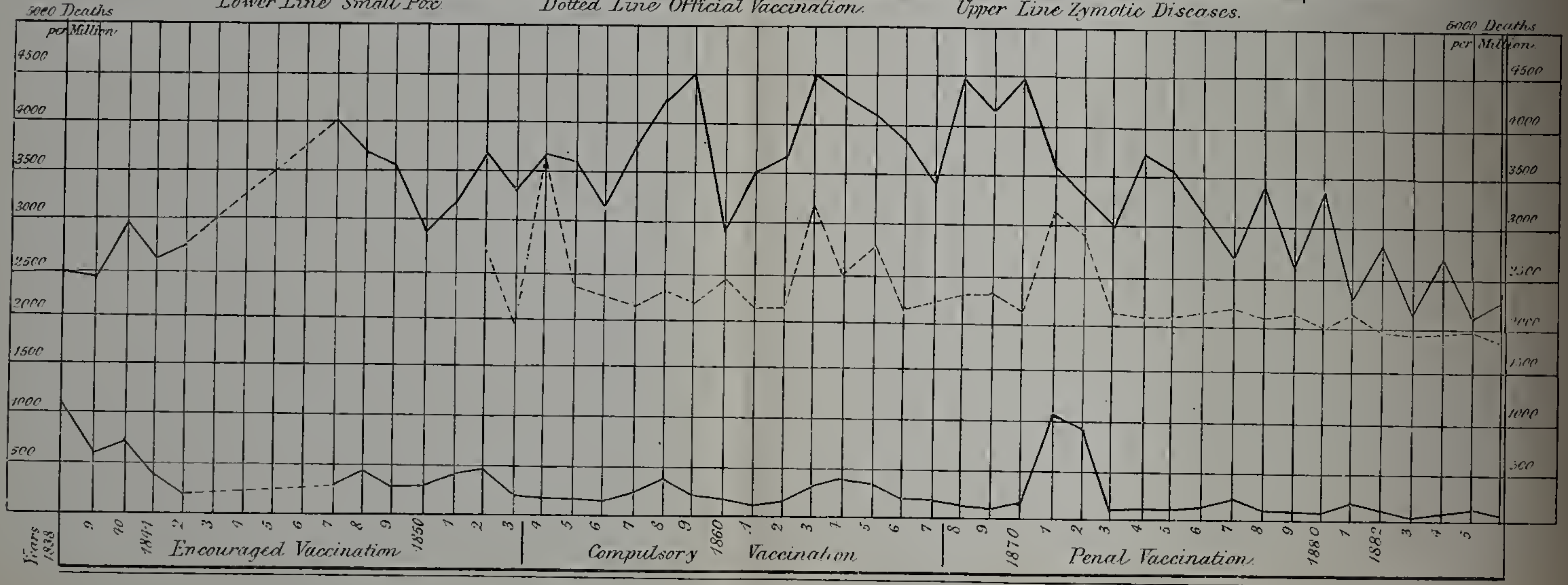


DIAGRAM II.

Deaths in **England** and **Wales** per Million Living from Small Pox and from the Chief other Zymotic Diseases except Cholera.

Lower Line Small Pox. Dotted Line Official Vaccination. Upper Line Zymotic Diseases.



NOTE. The Official Vaccination Line is per 100,000 of the living Population.

The diagrams show, in each case, not the absolute mortality but the deaths per million living, a method which eliminates the increase of population and gives true comparative results.

VACCINATION HAS NOT DIMINISHED SMALL-POX.

DIAGRAM I. exhibits* the deaths from Small-pox, in LONDON, for every year from 1838 to 1882, while an upper line exhibits the deaths from the other principal zymotic diseases given in the Registrar-General's Annual Summary for 1882, (except Cholera, which is only an occasional epidemic,) namely,—Scarlet fever and Diphtheria, Measles, Whooping Cough, Typhoid and other fevers, and Diarrhœa. A dotted line between these shows the mortality from fevers of the Typhoid class.†

The first thing clearly apparent in this diagram, is the very small diminution of Small-pox corresponding with the epochs of penal and compulsory vaccination; while the epidemic of 1871 was the most destructive in the whole period. The average diminution of Small-pox mortality from the first to the second half of the period, is 57 deaths per million per annum. Looking now at the upper curve, we see that the mortality from the chief zymotic diseases has also decreased,* more especially during the last 35 years; but the decrease of these diseases is not, proportionally, so great, owing to the fact that deaths from Diarrhœa have considerably increased in the latter half of the period. On the other hand, Typhus and Typhoid fevers have diminished to a much greater extent than Small-pox, as shown by the dotted line on the diagram, the reduced mortality from this cause alone being 382 per million, or more than six times as much as that from Small-pox. Every one will admit that this remarkable decrease of Typhus,† &c.,

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* The Diagrams in the First Edition stopped at 1882. In this Edition the later years are added without variation of the text, which these later years do but accentuate. Complaint has been made of this presentment. It is the most accurate that can be made. The favorite method of averaging in such a manner as to take all the sharp lines from the curves, totally obscures the epidemic nature of the disease of Small-pox, its great characteristic feature. No truer presentment than that chosen can be adopted. The line of official vaccinations includes, for 1884-5-6, official re-vaccinations, which have not been given since 1872, or the fall would be much more pronounced for these years.—ED.

† From the Registrar-General's Annual Summary of Deaths, etc., in London, 1882. Table 23, p. xxv.

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* From 1838 to 1853, the average Small-pox death-rate exceeded that of the years 1854 to 1867 by 229 per million living. But the average of the years 1868 to 1886, exceeded that of the years 1854 to 1867 by 46 per million.

† The deaths from Typhus, Enteric, and Fever, 1871-80, were less by 540 per million than in the ten preceding years. The years 1881 to 1886 show a further reduction, as compared with 1871 to 1880, of 125 per million living.—ED.

is due to more efficient sanitation, greater personal attention to the laws of health, and probably also to more rational methods of treatment. But all these causes of amelioration have certainly had their effect on Small-pox; and as the mortality from that disease has not equally diminished, there is probably some counteracting cause at work. So far, therefore, from there being any proof that vaccination has diminished Small-pox in London, the tendency of the Registrar-General's facts, (and there are no other facts which are trustworthy,) is to show that some counteracting cause has prevented general sanitation from acting on this disease as it has acted on Typhus, and that cause may, possibly, be vaccination itself.

We will now turn to DIAGRAM II., which gives a representation of similar statistics for England and Wales,* except that unfortunately there is a blank in the record for 1843-46, in which years the Registrar-General informs us, "the causes of death were not distinguished." Here too we perceive a similar decrease in Small-pox mortality, broken by the tremendous epidemic of 1871-2, while the other chief zymotic diseases represented by the higher line, show more irregularity, but a considerable recent decrease. For all England, as for London, the tables show us that Typhoid fevers have decreased far more than Small-pox, (but for clearness the curve of Typhus is omitted,) and we have, therefore, again, no reason for imputing the decrease in Small-pox to vaccination. But we may go further than this negative statement, for we have, fortunately, a means of directly testing the alleged efficacy of vaccination. The eleventh Annual Report of the Local Government Board gives a table of the number of successful vaccinations, at the expense of the Poor Rate, in England and Wales, from 1852 to 1881. From the figures of this table I have calculated the numbers in proportion to the population of each year, and have exhibited the result in the dotted line on my DIAGRAM II.; and to this I beg to direct the reader's attention, since it at once dispels some oft-repeated erroneous statements.*

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* From the Registrar-General's Annual Report, 1882. Table 32, p. xliii.

In the first place we see that, instead

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* I have examined every Report of the Local Government Board, with the intention of giving the total vaccinations for the whole period embraced in this Diagram II. But the total vaccinations are not tabulated, and are only given in the text for the years since 1872. Hence the official vaccinations only appear here, with such vaccinations as are tabulated.—ED.

of vaccination having increased since the enforcement of penal laws, it has actually diminished; so that the statement so often made by official apologists for vaccination, and repeated by SIR LYON PLAYFAIR in his speech to the House of Commons, June, 1883,—that the progressive efficiency of legal vaccination has diminished Small-pox, *is absolutely untrue, since there has been a decrease rather than an increase of "efficient vaccination."* * A

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* It is curious that even the Registrar-General appears to be ignorant of the fact that, official vaccination has not increased in efficiency since the penal laws came into force. In his Report for 1880, p. xxii., he says—"These figures show conclusively that, *coincidently with the gradual extension of the practice of vaccination,* there has been a gradual and notable decline in the mortality from Small-pox at all ages." As, however, there has not been shown to have been any such "gradual extension of the practice of vaccination," but, so far as official records go, just the reverse, the whole argument falls to the ground! It is true that this curve does not exhibit the numbers of the vaccinated population, which there is no means of arriving at.

MR. MARSON, the Surgeon of the Small-pox Hospital, told the Select Committee, 1871, answer 4,190:—"The public are pretty largely vaccinated now, and will be more so every year, I should think as time goes on. There is one point which has not been very clearly brought forward this morning, and that is the increase of Small-pox after vaccination year after year. When I first went to the hospital, 35 years since, from 1835 to 1845, the admission of patients into the Small-pox hospital was 44 per cent. of Small-pox after vaccination; from 1845 to 1855, 64 per cent.; from 1855 to 1865, 78 per cent.; and during 1863 and 1864, 83 and 84 per cent. Those are patients who have been vaccinated." The line of official vaccination in the diagram, shows that MR. MARSON was mistaken as to the amount of public vaccination, and that it was a larger incidence of Small-pox among the vaccinated he was witnessing; not the result of extension of vaccination.—ED.

temporary increase in the number of vaccinations always takes place during an epidemic of Small-pox, or when an epidemic is feared; but an examination of the curve of vaccination does not support the statement that it checks the epidemic. On careful inspection it will be seen that on three separate occasions a considerable *increase* in vaccinations was followed by an *increase* of Small-pox. Let the reader look at the Diagram, and note that in 1863 there was a very great number of vaccinations, followed in 1864 by an *increase* in Small-pox mortality. Again, the number of vaccinations steadily rose from 1866 to 1869, yet in 1870-71 Small-pox mortality increased; and yet again, in 1876 an *increase* in vaccinations was followed by an *increase* of Small-pox deaths. In fact, if the dotted line showed *inoculation* instead of *vaccination*, it might be used to prove that inoculation caused an increase of Small-pox. I only maintain, however, that it does *not* prove that vaccination diminishes the mortality from the disease. During the panic caused by the great epidemic of 1871-2, vaccinations rose enormously, and declined as rapidly the moment the epidemic passed away, but there is nothing whatever to show that the increased vaccinations had any effect on the disease, which ran its course and then died out like other epidemics.

It has now been proved from the only complete series of official records that exist:—

(1.)—That Small-pox has not decreased so much or so steadily as Typhus and allied fevers.

(2.)—That the diminution of Small-pox mortality coincides with a *diminished*, instead of an increased efficiency of official vaccination.

(3.)—That one of the most severe epidemics of Small-pox on record, within the period of accurate statistics, occurred after 33 years of official, compulsory, and penal vaccination.

These three groups of facts give no support to the assertion that vaccination has diminished Small-pox mortality; and it must always be remembered that we have actually no other extensive body of statistics on which to found our judgment. The utility or otherwise of vaccination is purely a question of statistics. It remains for us to decide, whether we will be guided by the only trustworthy statistics we possess, or continue blindly to accept the dogmas of an interested and certainly not infallible body of professional men, who once upheld inoculation as strongly as they now uphold vaccination.

SMALL-POX HAS NOT BEEN MITIGATED BY VACCINATION.

It is often asserted that, although vaccination is not a complete protection against Small-pox, yet it diminishes the severity of the disease, and renders it less dangerous to those who take it. This assertion is sufficiently answered by the proof above given, that it has *not* diminished Small-pox mortality; but more direct evidence can be adduced.

The best available records show that, the proportion of deaths to Small-pox cases is the same *now, although a large majority of the population are vaccinated*, as it was a century ago before vaccination was discovered. DR. JURIN, in 1723; the London Small-pox Hospital Reports, 1746-63; DR. LAMBERT, 1763; and REES' Cyclopædia, 1779; give numbers varying from 16·5 to 25·3 as the per-centage of mortality among Small-pox patients in hospitals;—*the average of the whole being* 18·8 *per cent.*

Now for the epoch of vaccination. MR. MARSON, 1836-51, and the Reports of the London, Homerton, Deptford, Fulham, and Dublin Small-pox Hospitals, between 1870 and 1880, give numbers varying from 14·26 to 21·7 as the deaths per cent. of Small-pox patients, *the average being* 18·5. And this, be it remembered, under the improved treatment and hygiene of the nineteenth as compared with the eighteenth century.

These figures not only demonstrate the falsehood of the oft-repeated assertion that vaccination mitigates Small-pox, but they go far to prove the very opposite—that the disease has been rendered more intractable by it; or how can we account for the mortality among Small-pox patients being almost exactly the same now as a century ago, notwithstanding the great advance of medical science and the improvements in hospitals and hospital treatment? *

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* The following authorities have been examined for the facts and figures of this section.

DR. JURIN (18,066 cases) and DR. LAMBERT (72 cases) given in "Analyse et Tableau de l'influence de la Petite Verole; par E. E. DUVILLARD. Paris, 1806." (pp. 112, 113.)

London Small-pox Hospitals (6,454 cases) given in "An account of the Rise, Progress, and State of the Hospitals for relieving poor people afflicted with the Small Pox, and for Inoculation," appended to "A Sermon preached before the President and Officers of the Hospital . . . . by the Bishop of Lincoln. London, 1763."

REES' Cyclopædia, 1779, Vol. 2, Art. INOCULATION Col. INP. par. 5, (extract). "From a general calculation it appears that, in the Hospitals for Small-pox and Inoculation, 75 die out of 400 patients having the distemper in the natural way."

Total cases before Vaccination, 24,994.

MR. MARSON, Resident Surgeon to the Small-pox and Vaccination Hospital, London, (5,652 cases); given in the Blue Book on The History and Practice of Vaccination, 1857, p. 18.

Small-pox in the Army and Navy.

Here we have a crucial test of the efficacy or uselessness of vaccination. Our Soldiers and Sailors are vaccinated and re-vaccinated in accordance with the most stringent official regulations. They are exceptionally strong and healthy men, in the prime of life, and if vaccination is of any use, Small-pox should be almost unknown among them, and *no*

London Hospitals, 1870-72, (14,808 cases); in the Report of a Committee of the Managers of the Metropolitan Asylum District, July 1872, p. 5.

London Hospitals, 1876-80, (15,172 cases); in a letter to *The Times* of November 8th, 1879, from W. F. Jebb, Clerk to the Metropolitan Asylum District.

Homerton, (5,479 cases); from the Report of the Committee, 1877.

Deptford, (3,185 cases); from the Report of the Medical Superintendent, 1881.

Fulham, (1,752 cases); from the Report of the Medical Superintendent, 1881.

Dublin, (2,404 cases); from the Annual Report of the Committee, 1880.

Total cases after Vaccination, 48,451.

The extracted figures and per-centages have been all carefully verified, and the averages have been obtained by dividing the total number of deaths multiplied by 100, by the total number of cases.

I have thought it best to leave these notes unaltered. They are not affected by more recent experience, excepting in this way:—That the great extension of our hospital accommodation involves a much larger number of mild cases being admitted. Objection has been taken to Jurin's figures. Jurin, it must be remembered, was trying to induce people to accept artificial Small-pox by inoculation, and he gives his figures to show the great fatality of Small-pox taken in the ordinary way by infection. He would therefore certainly not err in making it too mild. The total experience of the Metropolitan Asylums Board, up to the issue of the last report to the managers, is given in the Appendix.—Ed.

soldier or sailor should ever die of it. They are in fact often spoken of as a "perfectly protected population." Now let us see what are the facts.

A Return has been issued to the House of Commons, "Small-pox (Army and Navy)," dated "August, 1884," giving the mean strength, the number of deaths from Small-pox, and the ratio per thousand in each service for the twenty-three years 1860-82. An examination of this Return shows us that there has not been a single year without two or more deaths in the Army, and only two years without deaths in the Navy. Comparing the Return on "Vaccination, Mortality," No. 433, issued by the House of Commons in 1877, we find that, in the twenty-three years 1850-72, (the latest there given,) there were many years in which no adult Small-pox deaths were recorded for a number of large towns of from 100,000 to 270,000 inhabitants. Liverpool had none in 3 of the years, Birmingham and Sunderland in 7, Bradford and Sheffield in 8, Halifax in 9, Dudley in 10, while Blackburn and Wolverhampton were each totally without adult Small-pox mortality for 11 out of the 23 years!

It is true that the cases are not strictly comparable, because for these towns we have only deaths of persons aged 20 and upwards given separately, whereas the ages of the Army and Navy range chiefly from about 17 to 45. But, considering the extremely unsanitary state of many of these towns, and their great preponderance in freedom from Small-pox, there is clearly no room left for the alleged effect of *re-vaccination* in securing to our soldiers and sailors immunity from the disease.

But let us now look at the averages for the whole series of years, as affording the best and only reliable test. On working these out carefully I find the mean Small-pox mortality for the 23 years to be, in the Army 82·96, which we may call 83 per million, and in the Navy* 157 per million. Unfortunately no materials exist for an *exact* comparison of these rates with those of the civil population; but with much labour I have made the best comparison I can arrive at. From the Census General Report, 1881, and the Reports of the Registrar-General for the same 23 years as are included in the Army and Navy Return,

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* The 45th Report of the Registrar-General, (Tables 63 and 4,) gives 25 Small-pox deaths among 195,937 British Merchant Seamen in 1882. This is at the rate of 127 per million, against the above 157 for the Navy. We have no reason to believe that re-vaccination is common in the merchant service. In the Navy, therefore, the influence of re-vaccination appears to be hurtful rather than beneficial.—ED.

I have been able to ascertain the Small-pox mortality of males in England and Wales between the years 15 and 55, taken as best representing those of the two services; and the result is a mean Small-pox death rate of 176 per million.*

It will be observed that this is but little more than the Navy mortality, though more than double that of the Army, and the question arises, to what is the difference due. And first, why is the Small-pox mortality in the Navy nearly double that of the Army? The

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* The following are the data on which this calculation is founded :—

In the General Report of the last Census, Table 14, p. 89, the numbers of males at successive ages are given for the three last Censuses—1861, 1871, and 1881. By a simple calculation it is found that the number of males of all ages is to that of males aged 15—55 in the proportion of 1 to ·528.

Table 4, p. 78, of the same Census Report, gives the male population for the middle of each of the 23 years included in the Army and Navy Return. The mean of these numbers is 11,167,500; and this sum, multiplied by the factor ·528, gives 5,896,500 for the average male population of the ages 15—55 for those years.

From the tables of "Causes of Death at different Periods of Life" in the twenty-three successive Reports of the Registrar-General, 1860-1882, I have extracted the deaths from Small-pox of males aged 15—55, the mean annual value of which is 1,041; and this number, divided by the number of millions in the corresponding population (5·8965), gives the death-rate per million = 176.

The limit of age, 15—55, has been taken because the General Report of the Census of 1881, Table 40, gives, for the Army and Navy, 7,530 men over 45, and 28,834 under 20 years of age.

The Small-pox death-rate for same ages, England and Wales, for the years 1850 to 1870, was only 109 per million. Supplement to 35th Report, Table 2, p. 2. The enormous increase is due to the epidemics since 1870.—Ed.

regulations as to re-vaccination are the same in both, and are in both rigidly enforced, and the men are pretty equal in stamina and general health. The cause must therefore be in the different conditions of life of the two services; and it seems to me a probable supposition, that the difference arises chiefly from the less efficient ventilation and isolation which are possible on board ship as compared with Army Hospitals.*

The general mortality of the Navy from disease appears (from the Registrar-General's Report, 1882, Tables 59 and 65,) to be considerably less than that of the Army, so that the greater mortality from Small-pox must be due to some special conditions. But whatever these are, the conditions of the civil population are certainly much worse. Two-thirds of the families inhabiting Glasgow live in houses of one or two rooms only, and many other towns, including London, are probably not much better. Under such conditions, and with the low vitality induced by insufficient food, overwork, and bad air, we should expect the Small-pox mortality of our civil population to be very much greater than that of the picked class of sailors who enjoy ample food, fresh air, and medical attendance. Where then is the alleged "full security" afforded by re-vaccination, and how are we to characterise the statements circulated at the expense of the public, that "Small-pox is almost unknown in the Army and Navy?" * If we are to draw a legitimate conclusion from the facts, it is, that the re-vaccination to which our soldiers and sailors are subjected, renders Small-pox more fatal when it attacks them, for thus only can we explain the large mortality

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* An Officer of the Royal Marine Artillery, of great experience, confirms this view. He assures me that isolation is absolutely impossible on board a ship of war. But if this is the explanation of the phenomenon, it is itself a proof of the complete inefficacy of re-vaccination, which not only does not protect men from *catching* Small-pox, but allows them to *die* of it quite as much as—and, allowing something for the superiority of sanitation, even more than—the adult civil population, only partially vaccinated and hardly ever re-vaccinated !

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* The following are a few of these assertions. The italics are to call attention to the essential words of each statement.

The "Lancet," of March 1st, 1879, says :—"Vaccination needs to be repeated well once in a lifetime, *and then the immunity is almost absolute.*"

The Medical Officer of the General Post Office says, in a circular dated June, 1884.—"The *only means* of securing protection against Small-pox is by re-vaccination . . . . it is desirable, *in order to obtain full security*, that the operation should be repeated at a later period of life."

In the tract on "Small-pox and Vaccination" issued by the National Health Society, and now being widely circulated at the expense of the ratepayers, with the sanction of the Local Government Board, we find this statement :—"Every Soldier and Sailor is re-vaccinated; the result is that *Small-pox is almost unknown in the Army and Navy*, even amid surrounding epidemics."

The above statements are proved by the Official Returns now issued to be absolutely untrue, and must have been ignorantly and recklessly made without any adequate basis of fact, among picked healthy men under constant medical supervision, and living under far better sanitary conditions than the mass of the civil population.

One other mode of comparison can be made, showing that even the Army Small-pox death-rate is but little better than that of some large towns, during the same period. The rate per million for the adult population, between the ages 15 and 55, on an average of the years 1860-82 for five very large towns was as follows :—*

Manchester,	(population	340,211	in 1882),	131	per million.
Leeds	,,	315,998	,,	119	,,
Brighton ...	,,	109,595	,,	114	,,
Bradford ...	,,	200,158	,,	104	,,
Oldham ...	,,	115,572	,,	89	,,

Of course there are many other towns which have a much higher mortality, but very few are much worse than the Navy. The very worst large town which I can find in the Reports is Newcastle-on-Tyne, which for the same period had an adult Small-pox mortality of 349 per million. But the fact that five of our most populous towns have considerably less adult Small-pox mortality than the Navy, and one of them but little more than the Army, amounts to a demonstration of the uselessness of the most complete re-vaccination.

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* These figures have been thus obtained—the Registrar-General's Summary, 1882, (Table 7, p. xv.) gives the Small-pox deaths per 1,000, for twenty great Towns, for the years 1872-82. The Parliamentary Return, "Vaccination, Mortality," 1877, gives the Small-pox mortality and population of a considerable number of towns for the years 1847-72. From these two official papers the Small-pox mortality per million of the whole male population from 1860 to 1882, for such towns as occur in both the tables, is easily obtained. The average Small-pox death-rate for all England is found to be 211·7, while that of the ages 15—55 is 176. These numbers are in the proportion of 1 to ·83; hence the total Small-pox mortality of any town multiplied by the factor ·83 will give, approximately, the mortality at ages 15—45. The proportion has been obtained from males only, but that of the two sexes combined will not be materially different.

The general mortality of our adult population is much greater than that of the Army and Navy. From the official sources of information already quoted, I find that the average mortality of the adult male population of England, of the ages 15—55, for the years 1860-82, was about 11,300 per million.*

That of the Navy, for the same period, was 11,000 per million from all causes, and only 7,150 from disease.

That of the Army, at home, was 10,300 per million. Abroad it was nearly double (19,400), but this included all the deaths from casualties, exposure, &c., in the Abyssinian, Afghan, Zulu, Transvaal, and other petty wars.

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* Taken from p. lii., 45th Report of the Registrar-General.—ED.

Thus the superior physique of our soldiers and sailors, together with the sanitary conditions under which they live, are fully manifested in a mortality from disease much below that of the adult civil population of comparable ages. If we make the same allowance for the influence of these causes in the case of Small-pox, there remains absolutely nothing for the alleged protective influence of re-vaccination.

Surely we shall now hear no more of the re-vaccinated nurses in Small-pox hospitals, (as to whom we have no statistics, but only vague and usually inaccurate assertions,) when we have a great, officially recorded experiment to refer to, extending over 23 years and applied to more than 200,000 men, the results of which directly contradict every professional and official statement as to the safeguard of re-vaccination.

VACCINATION ITSELF A CAUSE OF DISEASE AND DEATH.

As has been now shown, vaccination is quite powerless either to prevent or to mitigate Small-pox. But this is not all, for there are good grounds for believing that it is itself the cause of much disease and serious mortality.

It was long denied by medical men that syphilis can be communicated by vaccination; but this is now universally admitted, and no less than 478 cases of vaccine-syphilis have already been recorded.* But there is also good reason to believe that many other blood-diseases are transmitted and increased by the same means, since there has been for many years a steady increase of mortality from such diseases which is terrible to contemplate. The following table gives the increase of five of these diseases from the Registrar-General's Annual Report for 1880, (page lxxix., Table 34,) and it is very noteworthy that, in the long list of maladies there tabulated, no others, (except Bronchitis, which often follows vaccination though not, probably, transmitted by it,) show any such striking and continuous increase, while the great majority are either stationary or decreasing.

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* See MR. TEBB's "Compulsory Vaccination in England," p. 25, (Note,) for a list of the authorities for these cases.

ANNUAL DEATHS IN ENGLAND PER MILLION LIVING.*

AVERAGE OF 5 YEARS.	1850-4	1855-9	1860-4	1865-9	1870-4	1875-9	1880.
Small-pox	279	199	191	148	433	82	25
Syphilis	37	51	64	82	81	86	84
Cancer	302	327	369	404	442	493	516
Tabes Mesenterica	265	261	272	316	299	330	371
Pyæmia, &c.	20	18	24	23	29	39	—
Skin Disease	12	15	16	17	18	23	22
Totals...	636	672	745	842	869	971	993
Progressive Increase	0	36	109	206	233	335	357

We here see a constant increase in the mortality from each of these diseases, an increase which in the sum of them is steady and continuous. It is true, we have not, and cannot have, direct proof that vaccination is the sole cause of this increase, but we have good reason to believe that it is the chief cause. In the first place it is a *vera causa*, since it directly inoculates infants and adults, on an enormous scale, with whatever blood-disease may exist unsuspected in the system of the infants from whom the vaccine virus is taken. In the next place, no other adequate cause has been adduced for the remarkably continuous increase of these special diseases, which the spread of sanitation, of cleanliness, and of advanced medical knowledge, should have rendered both less frequent and less fatal.

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* This Table has not been continued in later Reports; but we find that Cancer (the only disease of the five separately tabulated) goes on steadily increasing, the mortality for the five years, 1881-85, being given in the 48th Report as follows:—Syphilis, 92; Cancer, 544. Small-pox, for the same period was 78.—ED.

The *increased deaths from these five causes, from* 1855 *to* 1880, *exceed the total deaths from Small-pox during the same period!* So that even if the latter disease had been totally abolished by vaccination, the general mortality would have been increased, and there is much reason to believe that the increase may have been caused by vaccination itself.*

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* It has been boldly asserted by the Government Department controlling vaccination, [Eleventh Report of the Medical Officer to Local Government Board, p. vi., et seq.,] that even if some children are killed by vaccination, 12,000 lives are annually saved by it. The basis of that assertion is *an estimate* which contradicts the official vaccination returns at almost every point. · The estimate and assertion are false to the facts which are obtainable.

The above noted estimate is taken to prove that 94 per cent. of London children under ten years of age are vaccinated, and that 95 per cent. of the population [p. 41] are vaccinated. This statement is further assumed to be supported by an examination of "53,185 children in various national, charitable, and parochial schools and workhouses in London." Such is the odious rigour of vaccine regulations in our "national, charitable, and parochial workhouse schools," that I should not have been surprised if, of these children, not one was found unvaccinated. The parents of these poor children have had no one to defend them by paying fines for neglect of the vaccination. Yet this "inspection" showed 6 per cent. to have "no vaccination scar," or to be doubtful as to vaccination.

It is on such bases, that tremendous statements, such as that noted above, are founded; and to shade off the impudence of this one it is further declared that "the estimate of the number of the unvaccinated is probably too high." Our responsible ministers have been appealed to respecting such a base use of official reports, and have had the humour to refer the objector to the very officials who have so degraded their department of "the public service." These, in turn, when appealed to, refer to the head of the department; meanwhile the false statement is repeatedly quoted, and stands as first used.

The Reports of the Local Government Board, show that only once have there ever been more than 87 per cent. of the births of the country vaccinated, and in London 3 or 4 per cent. fewer. The last year reported, 1886, gives 30,000 fewer official vaccinations than 1877, when it was over 86 per cent. of the births. The plan of the officials is to get 94 per cent. vaccinated, by deducting the infants who died unvaccinated from the total births, and treating the rest as "*surviving.*" I know no more condemnable trick. Death is as busy with vaccinated as with unvaccinated children.—Ed.

PART II.

Comparative Mortality of the Vaccinated and the Unvaccinated.

IN his speech in the House of Commons, June 19th, 1883, SIR LYON PLAYFAIR made the following statement:—"An analysis of 10,000 cases in the Metropolitan Hospitals shows that 45 per cent. of the Unvaccinated patients die, and only 15 per cent. of Vaccinated patients;" and he further showed that statistics of a similar character had been published in other countries. It will no doubt be objected by my readers that these statistics, if correct, are a complete proof of the value of vaccination; and I shall be expected to show that they are incorrect or give up the whole case. This I am prepared to do; and I now undertake to prove—firstly, that the figures here given are unreliable; and, secondly, that such statistics *necessarily* give false results unless they are classified according to the age-periods of the patients.

THE PER-CENTAGES OF VACCINATED AND UNVACCINATED UNRELIABLE.

The simple fact of death from Small-pox is easily ascertained, and has been for many years accurately recorded.

But, whether the deceased person had been vaccinated or not, is a fact by no means easily ascertained, because confluent Small-pox (which alone is ordinarily fatal) obliterates the vaccination marks in the worst cases, and the death is then usually recorded among the unvaccinated or the doubtful. For this reason alone the official record—*vaccinated* or *unvaccinated*—is altogether untrustworthy, and cannot be made the subject of accurate statistical enquiry.*

But there are other reasons why the comparison of the deaths of these two classes is worthless. Deaths registered as *unvaccinated* include—

(1.)—Infants dying under vaccination age, and who, therefore, have no corresponding class among the vaccinated, but among whom the Small-pox mortality is greatest.

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* As an instance of the reticence of officials on the subject. I cannot find any details in the Registrar-General's reports respecting vaccinated persons dying of Small-pox until 1874. For that year 270 vaccinated persons are reported dying of Small-pox. Then for years no information is given, until 1879, when it is again inserted. For that and the subsequent years we have 2,512 vaccinated persons returned as dying of Small-pox. Several thousands are noted as "not stated as to vaccination."—ED.

(2.)—Children too weakly or diseased to be vaccinated, and whose low vitality renders any severe disease fatal.

(3.)—A large but unknown number of the criminal and nomad population who escape the vaccination officers. These are often badly fed and live under the most unsanitary conditions ; they are, therefore, especially liable to suffer in epidemics of Small-pox or other zymotic diseases.

It is by the indiscriminate union of these three classes, together with those erroneously classed as unvaccinated owing to the obliteration of marks or other defect of evidence, that the number of deaths registered "*unvaccinated*" is swollen far beyond its true proportions, and the comparison with those registered "*vaccinated*" rendered altogether untrustworthy and misleading.

This is not a mere inference, for there is much direct evidence that the records "unvaccinated" and "no statement" in the Reports of the Registrar-General are often erroneous. As the chief argument for vaccination rests upon this class of facts, a few examples of the evidence referred to must be here given.

(1.)—MR. A. FELTRUP, of Ipswich, gives a case of a boy aged 9, who died of Small-pox, and was recorded in the certificate as "unvaccinated." By a search in the register of successful vaccinations it was found that the boy, Thomas Taylor, had been successfully vaccinated on the 20th May, 1868, by W. Adams. (*Suffolk Chronicle*, May 5, 1877.)

(2.)—In "Notes on the Small-pox Epidemic at Birkenhead, 1877." By FRAS. VACHER, M.D., (p. 9.,) we find the following:—

"As regards the patients admitted to the fever hospital or treated at home, those entered as vaccinated displayed undoubted cicatrices, as attested by competent medical witnesses, and those entered as not vaccinated were admitted unvaccinated or without the faintest mark. *The mere assertions of patients or their friends that they were vaccinated counted for nothing, as about* 80 *per cent. of the patients entered in the third column of the table* ('unknown') *were reported as having been vaccinated in infancy.*" (The italics are my own.)

(3.)—Bearing upon this important admission, we have the following statement in DR. RUSSELL'S Glasgow Report, 1871-2 (p. 25):—

"Sometimes persons were said to be vaccinated, but no marks could be seen, very frequently because of the abundance of the eruption. In some cases of those which recovered, an inspection before dismissal discovered vaccine marks, sometimes 'very good,'"

(4.)—"The last epidemic of Small-pox which visited vaccinated Preston was in 1877. In February of that year, Dr. Rigby, the medical officer of the Union, sent out a report, in which he stated that 'out of 83 persons admitted into the Fulwood Small-pox Hospital, 73 were vaccinated.' All recovered, he alleged, but the ten unvaccinated cases all died. Here was a bold and specific statement; but what were the facts revealed after careful investigation by two committees? The first case reported as unvaccinated turned out to be *a revaccinated policeman*, named Walter Egan. Another case reported as unvaccinated was a child named Mary Shorrock, *vaccinated by the very medical officer who returned her as unvaccinated.* In all, six cases out of the ten were proved to have been vaccinated, whilst three were doubtful, we not being able to trace them."—From letter of Mr. J. SWINDLEHURST, in the *Walsall Observer*, July 21st, 1888.—ED.

(5.)—In 1872, MR. JOHN PICKERING, of Leeds, carefully investigated a number of cases entered as "not vaccinated" by the medical officers of the Leeds Small-pox Hospital, tracing out the parents, examining the patients if alive, or obtaining the certificate of vaccination if they were dead. The result was, that 6 patients, entered as "not vaccinated," and still living, were found to have good vaccination marks; while 9 others who had died, and whose deaths had been registered as "not vaccinated," were proved to have been successfully vaccinated. In addition to these, 8 cases were proved to have been vaccinated, some of them three or four times, but unsuccessfully, and 4 others were certified "unfit to be vaccinated," yet all were alike entered as "unvaccinated." The full particulars of this investigation are to be found in a pamphlet by MR. PICKERING, published by F. PITMAN, 20, Paternoster Row, London.

(6.)—As further corroborative evidence of the untrustworthiness of all records on the subject emanating from medical men, the following quotation from an article on "Certificates of Death," in the *Birmingham Medical Review* for January, 1874, is important; the italics are my own:—"In certificates given by us voluntarily, and to which the public have access, it is scarcely to be expected that a medical man will give opinions which may tell against or reflect upon himself in any way. In such cases he will most likely tell the truth, *but not the whole truth*, and assign some prominent symptom of the disease as the cause of death. As instances of cases which may tell against the medical man himself, I will mention *erysipelas from vaccination*, and puerperal fever. A death from the first cause occurred not long ago in my practice, and although I had not vaccinated the child, yet *in my desire to preserve vaccination from reproach, I omitted all mention of it from my certificate of death.*"

The illustrative facts now given cannot be supposed to be exceptional, especially when we consider the great amount of time and labour required to bring them to light; and taken in connection with the astounding admissions of medical men, of which examples have been just given, they prove that *no dependence can be placed on the official records of the proportions of vaccinated and unvaccinated among Small-pox patients;* while, if MR. VACHER's method of registration is usually followed, about 80 per cent. of those classed by the Registrar-General under the heading "no statement" have been really stated, by their parents or friends, to have been vaccinated.

OUR HOSPITAL STATISTICS NECESSARILY GIVE FALSE RESULTS.

But a still more serious matter remains to be considered, and it is a striking proof of the crude and imperfect evidence on which the important question of the value of vaccination has been decided, that the point in question has been entirely overlooked by every English advocate of vaccination, although it involves an elementary principle of statistical science.

This point is, that until the records in our hospitals, "vaccinated" and "unvaccinated," are strictly correct, and properly classified, it can be demonstrated that true results cannot be deduced from them.*

The requisite comparison has, however, been made on a population of about 60,000, consisting of the officials and workmen employed on the Imperial Austrian State Railways, by the Head Physician, DR. LEANDER JOSEPH KELLER; and his results during the years 1872-3 are so important that it is necessary to give a brief abstract of them.†

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* See remarks in the Appendix on the eruption.—ED.

† Report on Small-pox cases among the Employés of the Imperial Austrian State Railway Company for the year 1873. Translated from the German by MRS. HUME-ROTHERY. National Anti-Compulsory Vaccination League.

Another and enlarged version of DR. KELLER'S Report has been published: The Mitigation Theory of Vaccination: an Account of the Statistics collected during the Small-pox Epidemic of 1872-73; By DR. KELLER, Medical Director of the Austrian State Railways. By ALFRED MILNES, M.A.—London: E. W. ALLEN, Ave Maria Lane.

(1.)—It is shown that the death-rate of Small-pox patients is greatest in the first year of life, then diminishes gradually to between the 15th and 20th year, and then rises again to old age; *thus following exactly the same law as the general mortality.*

(2.)—The Small-pox death-rate, among over 2,000 cases, was 17·85 per cent. of the cases, closely agreeing with the general average. That of the unvaccinated was 23·20 per cent., while that of the vaccinated was only 15·61 per cent.

(3.)—This result, apparently so favourable to vaccination, is shown to be wholly due to the excess of the unvaccinated in the first two years of life,* and to be *a purely numerical fact entirely unconnected with vaccination.* This is proved as follows:—Taking, first, all the ages above 2 years, the death-rates of the vaccinated is 13·76, and of the unvaccinated 13·15,—almost exactly the same, but with a slight advantage to the unvaccinated.

Taking now the first two years, the death-rate is found to be as follows:—

	Vaccinated.	Unvaccinated.
First year of life	60·46	45·24
Second year of life	54·05	38·10

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* This applies to Austria. In England vaccination is usually performed earlier, yet, in a pamphlet entitled "*Plain Facts on Vaccination*," by

Thus the Small-pox death-rate is actually *less* for the unvaccinated than for the vaccinated in infants, and *equal* for all the higher ages; yet the average of the whole is higher for the unvaccinated, *simply on account of the greater proportion of the unvaccinated at those ages at which the mortality is universally greatest.*

It is thus made clear that any comparison of the Small-pox mortality of the vaccinated and the unvaccinated, *except at strictly corresponding ages*, leads to entirely false conclusions.

This curious and important fact may perhaps be rendered more easily intelligible by an illustration. Let us take the whole population up to 20 years of age, and divide it into two groups—those who go to school, and those who do not. If the Small-pox mortality of these were separately registered, it would be found to be very much greater among the non-school goers,—composed chiefly of infants, and of children too weakly to be sent to school, amongst whom the mortality is always very

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G. Oliver, about 1872, it was stated that in the Small-pox Hospital, Hampstead,—"The number of the unvaccinated patients, up to the age of ten years, greatly preponderates over the vaccinated of corresponding ages." In the Homerton Small-pox Hospital in the eight years 1871-77, there were 147 unvaccinated patients under 2 years old, to 20 vaccinated, including among these the doubtful cases.

great, so much so that a doctor of wide experience—DR. VERNON, of Southport—has stated that, he had never known an infant under one year of age recover from Small-pox. But we should surely think a person either silly or mad who argued from such statistics that school-going was a protection against the disease, and that school children formed a "protected population." Yet this is exactly comparable with the reasoning of those who adduce the greater mortality among unvaccinated Small-pox patients of all ages and conditions, as the very strongest argument in favour of vaccination!

Good statistics * and good arguments cannot be upset, or even weakened, by those which are bad. I have now shown that the main argument relied on by our adversaries, rests on thoroughly unsound statistics, inaccurate to begin with, and wrongly interpreted afterwards. Those which I have used, on the other hand, if not absolutely perfect, are yet the best and most trustworthy that exist. I ask statisticians and men of unbiassed judgment to decide between them.

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* It must be insisted upon, over and over again, that they are not good statistics, where the class under trial—the vaccinated—are in great numbers of cases assumed not to be vaccinated against all testimony available.—ED.

Conclusion from the Evidence.

The result of this brief enquiry may be thus summarized :—

(1.)—Vaccination does not diminish Small-pox mortality, as shown by the 45 years of the Registrar-General's statistics, and by the deaths from Small-pox of our "re-vaccinated" soldiers and sailors being as numerous as those of the male population of the same ages of several of our large towns, although the former are picked, healthy men, while the latter include many thousands living under the most unsanitary conditions.

(2.)—While thus utterly powerless for good, vaccination* is a certain cause of disease and death in many cases, and is the probable cause of about 10,000 deaths annually by five inoculable diseases of the most terrible and disgusting character, which have increased to this extent, steadily, year by year, since vaccination has been enforced by penal laws!

(3.)—The hospital statistics, showing a greater mortality of the unvaccinated than of the vaccinated, have been proved to be untrustworthy; while the conclusions drawn from them are shown to be necessarily false.

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* The operation itself kills many. The Registrar-General gives, under the head of Cow-pox and other effects [erysipelas, &c.] of vaccination for the years 1881 to 1886, the following deaths of infants under one year. In the country, 255 deaths. In London, 61. Total for the six years, 316.—Ed.

If these facts are true, or anything near the truth, the enforcement of vaccination by fine and imprisonment of unwilling parents, is a cruel and criminal despotism, which it behoves all true friends of humanity to denounce and oppose at every opportunity.

Such legislation, involving as it does, our health, our liberty, and our very lives, is too serious a matter to be allowed to depend on the misstatements of interested officials or the dogmas of a professional clique. Some of the misstatements and some of the ignorance on which you have relied, have been here exposed. The statistical evidence on which alone a true judgment can be founded, is as open to you as to any doctor in the land. We, therefore, demand that you, our representatives, shall fulfil your solemn duty to us in this matter, by devoting to it some personal investigation and painstaking research; and if you find that the main facts as here stated are substantially correct, we call upon you to undo without delay the evil you have done.

WE, THEREFORE, SOLEMNLY URGE UPON YOU THE IMMEDIATE REPEAL OF THE INIQUITOUS PENAL LAWS BY WHICH YOU HAVE FORCED UPON US A DANGEROUS AND USELESS OPERATION—AN OPERATION WHICH HAS ADMITTEDLY CAUSED MANY DEATHS, WHICH IS PROBABLY THE CAUSE OF GREATER MORTALITY THAN SMALL-POX ITSELF, BUT WHICH CANNOT BE PROVED TO HAVE EVER SAVED A SINGLE HUMAN LIFE.

APPENDIX.

IN addition to other difficulties besetting the students of our Hospital records, one stands prominently forward as exceeding the others. DR. WALLACE has referred to the difficulty of comparing vaccinated with those called un-vaccinated, who are a mixed class, often not even classed in age together. But a greater omission must be complained of.

The only correct way of classing Small-pox patients is by age and by eruption. The eruption, or the state of the skin, is the only scientific guide to the nature of the disorder. One kind of Small-pox is so mild, that even bad nursing can hardly kill the patient—another kind so fatal, that not the best nursing and greatest skill can cure it. As a rule these two kinds are lumped together without any distinction, and even when given they are not often divided into vaccinated and un-vaccinated. In general summaries this classification is universally disregarded.

The Metropolitan Hospitals have been in operation since 1869. During the 16 years reported upon to the managers, since that time they have received 53,579 cases of Small-pox for treatment. Of this great total, no fewer than 41,061 are classed as vaccinated, 5,866 un-vaccinated, and the remainder as "doubtful." The fatality of the un-vaccinated and doubtful is very heavy, but this is largely due to considerations as to the people who are the un-vaccinated, which have already been urged, and which are greatly strengthened by facts now to be adduced.

The Handbook, 1887, giving these particulars, has no "doubtful" class until 1880. Before that period the un-vaccinated absorbed them all.

As to this doubtful class! Why are there any doubts in the classification? The answer is that the vaccination marks are on the skin, and the skin is the part of the patient most affected in the very bad cases. In the mild cases the skin does not suffer much. The vaccination marks are clearly visible. And so the "good" marks of vaccination will most certainly be most numerous in the mild cases. But in the confluent cases the skin is badly affected. The pustules run together, and if this eruption is over the vaccinated arm, no vaccination mark can be seen. But no case is recorded as vaccinated unless a mark is seen. So it comes to pass, that such a patient declaring himself vaccinated is put down as "doubtful," or as "said to be vaccinated." We see now why this class is of heavy fatality. It receives the doubtful bad cases, but never any doubtful mild ones.

This is further confirmed by a reference to the most fatal cases of all, the "malignant." In these the skin is not degraded as it is in the confluent; the eruption is suppressed, and the blood poisoned. But the vaccination marks show. From several reports of medical superintendants, I have collected 661 of these very fatal cases. In only 8 cases were there "doubts." The rest yield: vaccinated, 486 persons with 432 deaths; and un-vaccinated, 167 persons with 150 deaths. Nothing more damaging to vaccination could be recorded. Yet in a purely age table; or in a table of vaccinated and un-vaccinated, without reference to the state of the skin, all this is buried.

We see then that in the mild cases, error as to classification is very unlikely ever to occur. In these no deaths need be feared, except from complications.

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THE LONDON SOCIETY FOR THE ABOLITION OF COMPULSORY VACCINATION.

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IN times when the laws of health were imperfectly understood, it was believed that by poisoning the blood with the virus of small-pox, or cow-pox, a future attack of small-pox might be escaped. While many kindred medical practices have been discredited and forgotten, Vaccination, endowed by the State, has survived, and has entered into legislation, and is enforced with fine and imprisonment. It is in vain for nonconformists to plead that they do not believe that Vaccination has any power to prevent or to mitigate small-pox, or that it is attended by the risk of communicating other diseases. They are told they may believe what they like, but that vaccinated they must be, for the benefit of the rite is settled beyond dispute, and that only fools and fanatics venture to question what has been irrevocably determined.

Many too, whilst disinclined to discuss Vaccination as a medical question, or to surrender confidence in its prophylaxy, are opposed to its compulsory infliction. They maintain that every remedy should be left to justify itself by its own efficacy, and that of all prescriptions the last which requires extraneous assistance is Vaccination; for its repute is based on the fact that its subjects are secure from small-pox, and in that security may abide indifferent to those who choose to neglect its salvation. Even nurses in small-pox hospitals, it is said, when efficiently vaccinated and re-vaccinated, live unaffected in the variolous atmosphere. They consequently hold that to compare an unvaccinated person to a nuisance, as is frequently done, is to make use of an epithet that implicitly denies the virtues asserted for Vaccination, a nuisance being a danger or annoyance which another cannot conveniently avoid.

The members of the LONDON SOCIETY therefore appeal with confidence to the sympathy and support of their countrymen. They claim to enlist the energies not only of those who are opposed to Vaccination as useless and mischievous, but of those who, true to their faith in liberty, would leave its acceptance to the discretion of the individual.

THE LONDON SOCIETY FOR THE ABOLITION OF COMPULSORY VACCINATION.

OBJECTS OF THE SOCIETY.

I.—The Abolition of Compulsory Vaccination.
II.—The Diffusion of Knowledge concerning Vaccination.
III.—The Maintenance in London of an Office for the Publication of Literature relating to Vaccination, and a Centre of Information and Action.

The minimum Annual Subscription constituting Membership is 2s. 6d. Every opponent of Compulsory Vaccination in the United Kingdom is earnestly invited to join and co-operate with the Society.

I AM directed to draw attention very earnestly to the claims of the London Society for the Abolition of Compulsory Vaccination.

The Society is engaged in an arduous enterprise with the firm resolve to achieve success; and with this end in view the Members maintain an Office; they publish the *Vaccination Inquirer*, and a variety of books, tracts, and leaflets, which are liberally distributed wherever likely to be of use; they organise public meetings, and avail themselves of every opportunity for lectures and discussions; and from the Office conduct an extensive correspondence at home and abroad.

It is needless to say that all these operations are attended with expense, and indeed with heavy expense, yet from none of them is it possible to withdraw; on the contrary with larger means they would be developed and extended. At present the chief cost of these operations is borne by the liberality of the few, and it is the wish, and the reasonable wish, of the Committee to enlarge the area of subscription, and to have the names of all opponents of Compulsory Vaccination upon their register of membership.

The successful issue of this most honourable agitation would be greatly hastened if only those who are persuaded of the folly of vaccination, and who abhor the tyrannical infliction of the rite upon the unwilling, would come forward and assist to sustain those who are disposed to assume the more active duties of the conflict. The Committee feel that it is not becoming that many, who have openly expressed their sympathy with the objects they have in view, and who will rejoice over the Abolition of Compulsory Vaccination, should yet do little or nothing to contribute to the victory which they are sufficiently enlightened to desire.

The Committee therefore hope that you will not only look favourably on this appeal for assistance, but that you will also try to enlist in the good cause some of those latent sympathisers, who, probably, only require the stimulus of suggestion and persuasion to become active allies.

WILLIAM YOUNG,
Secretary.

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PREFACE.

The following pages have been written for the purpose of calling the attention of thinking people to the custom of vaccination, a custom of such foul origin and dire results that it is a mystery why the practice has not been legally forbidden, instead of legally enforced, among a free and enlightened people.

That Jenner's theories regarding vaccination should have been accepted by the credulous and superstitious of his day, is not a matter of surprise. A long period of inoculation had preceded him; and smallpox was the one disease most dreaded by the people, not only because of its fatality, but because of the disfigurement. Jenner promised exemption from the disease and its consequences, and was hailed as an inventor, and lauded and rewarded as a benefactor. It is true that there was timely and appropriate opposition to the absurd claim and practice, but royalty espoused the cause of Jenner and opposition was silenced; truth was crucified and error glorified.

The system has doubtless caused more misery and mortality since its introduction by Jenner in 1798, than that caused by war, pestilence and famine; and could the dead speak, they would denounce the unclean thing in such unequivocal terms as would cause vaccinators to hide their heads in shame.

The record here offered is but a small portion of that which could be produced, while by far the larger portion of the testimony has been buried from earthly sight. Silent to earth, the record will become vocal in the great hereafter, to the confusion of those who have participated in this great crime against bodily purity, or willingly suffered it to continue unrebuked.

C. W. AMERIGE, M. D.,

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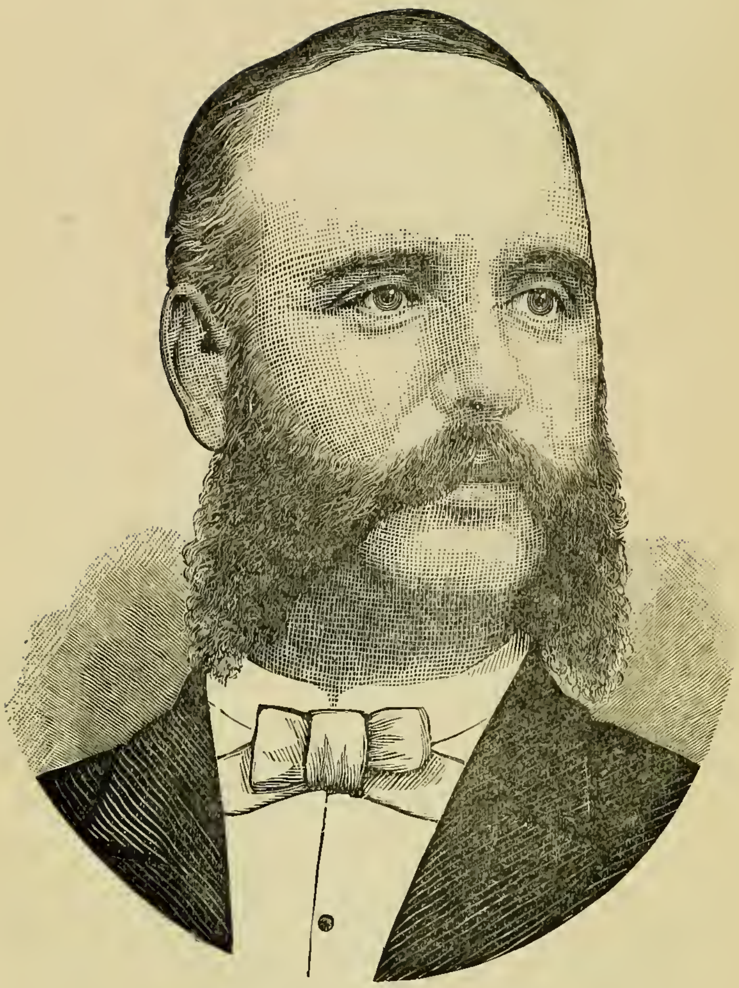

THE CUSTOM OF VACCINATION.

It has often been said that if we trace back to its origin, the true history of any one of the "learned professions," as they are popularly called, we shall find them to be an outgrowth from theories and dogmas, which the discoveries of modern scientific researches have proven to be baseless, illogical, and in many instances pernicious; and no well informed and fair-minded physician will claim that the Medical Profession is an exception to the general rule.

The late venerated and honored Professor of Anatomy, in the Medical School of Harvard University,—Dr. Oliver Wendell Holmes,—while speaking of the popular "system of medicine," as practiced by the past and, to a large extent, by the present generation, once said:—"If the entire *materia medica* were thrown into the sea, it would be all the better for humanity, and all the worse for the fishes."

It is true that this remark was not specially applied to our subject,—"The Custom of Vaccination," but it goes far to prove the necessity of new schools of therapeutics, founded upon modern science, which shall discard all baseless theories and dogmas, and raise itself above the venality of those vested interests, which have so long preyed upon the credulity of an innocent and long suffering people instead of leading them to those higher lights which science has prepared for the receptive mind.

Of all professional dogmas of the past or present, none have wrought greater physical injury to the human race than the theory and practice of vaccination. This is a broad statement but it is amply proven by the dire experiences of the past.

I am well aware that there is still a very large class of practitioners who are so infatuated with the emoluments and mysteries of Jennerism that they have hardened themselves against all proof of resultant injuries to their patients and to their fellowmen.

One typical case of this mental or moral obtuseness may answer for all and is here mentioned only because the party was a lecturer on physiology and hygiene in one of our "Medical Schools" (?) and used his official position to uphold the exploded theories of vaccination.

In a communication to a popular magazine, this professor publicly asks for "even one fact, showing that the blood of the race had been corrupted by vaccination."

Ignorance of the fundamental principles of health, may be the result of a lack of mental capacity rather than limited reading, but no advocate of vaccination has the moral right to plead ignorance of those historic facts which have been abundant, from the days of Jenner's personal experiences, to the present time. These facts, though often suppressed by pro-vaccinators, have always been accessible to honest investigators.

The experiences of this life have shown to those who think, that whenever there has been profit in the promulgation of theories, and loss in the statement of facts, avarice has but too often overruled conscience and controlled the individual.

Dr. George W. Winterburn, of New York, in his valuable work on vaccination says he has "found the densest ignorance among those who ought to be familiar with the facts relating to this subject," and adds that, "Out of some two hundred of the profession, to whom he had put the question, only two had read the works of Jenner."

It will be found to be true that there are many physicians who can talk flippantly of blood-poisoning, who become dumb when confronted with facts proving that the contamination was the direct result of vaccination and the work of their own hands.

Before proceeding further, let us be sure of our premises. Let us inquire into the origin and cause of the malady.

The affection, popularly known as smallpox is supposed to be pre-historic in its origin. We only know that it was introduced into Europe from Asia, more than 1,000 years ago and that its most prominent inducing cause seems to be constitutional impairment and filthy environment. Hence it will be understood that perfect health and cleanliness are the best and only safeguards against the encroachments of this disease as well as of kindred zymotic disorders.

One thousand years ago the true nature of the disease was a profound mystery, even to the best educated classes. The people of those days had been accustomed to meet enemies which could be seen, and perhaps, overcome by courage and physical force; but here was an invisible foe whose progress legions could not control and there is little wonder that it struck terror to the hearts of men and nations. In an evil hour, some one conceived the idea that by inoculating an individual before he had taken the smallpox, with the pus exuded from the pustules on those who were suffering from the disease, the violence of the engrafted disease would be greatly modified. It was even claimed that the process was perfectly harmless and the angel of death was thus completely foiled in his work of destruction.

We now wonder how such an absurd theory could have been accepted and acted upon, and how even the most credulous, could have been persuaded to surrender the sanctuary of the healthy body to the certainty of foul pollution upon such shallow and unfounded assumptions.

The people however, were not only ignorant and credulous, but they were also panic-stricken, and they submitted to the process of inoculation, which was then very appropriatley called "engrafting", without questioning the authority or veracity of the mercenary ignorance of the self-constituted guardians of health.

In the year 1721, Lady Mary Wortly Montagu, wife of the English Ambassador to the Ottoman Court, became infatuated with the promises of the advocates of the "engrafting" theories; caused her own children to be inoculated, and subsequently became actively engaged in the introduction of the custom into England, and for more than one hundred years this diabolical practice of spreading smallpox by engrafting the disease into bodies not affected, was quite general with the English people. It took several generations of experience to convince the people that the process of engrafting had no other effect than to increase the death-rate; the number of smallpox cases, and cause a general physical degeneration which threatened to depopulate whole districts.

As years rolled on the evils of inoculation became more and more apparent and could no longer be ignored by the government, but it became necessary to enact laws making inoculation a penal offence in several European countries before the misguided people could be made to understand that their system of engrafting disease into a healthy person was a crime against the laws of life and health and the mercenary practitioners compelled to discontinue their nefarious practices.

In the year 1798, Dr. Edward Jenner, called public attention to his *theories* regarding vaccination. He called them facts.

The times were propitious; sanitation was almost unknown; zymotic affectations unchecked; therapeutics, an empty sound; ignorance and superstition prevailed; reason was baffled before the mystery of disease, and credulity was the servant of charlitanism. He who held the word of promise to the ear of hope was not asked for proof. Jenner asserted that "*The person who had been thus affected*, (by his system of vaccination,) *was forever after secure from the infection of smallpox.*"

Let us now enquire into this wonderful system for which so much was claimed.

The word vaccina is from "vacca," a cow, and was adopted to indicate cowpox, and Jenner laid special stress upon the necessity of using only the cowpox virus. He also announced that there was no such thing as spontaneous cowpox, as he well knew that the disease was communicated to the udder of milch cows, by the filthy hands of men who had been engaged in grooming horses suffering from the disease called "grease;" and it is not known that the disease ever originated in any other way. It is not recognized as a constitutional bovine disease, and bulls have never been known to have it.

Cows suffering from this disease often communicated it to milkmaids through some scratch, or other perforations of the skin of the hands, and it became a matter of country gossip that those who had been thus affected were less liable to an attack of smallpox during an epidemic. This country gossip came to the ears of Jenner in 1768, who was then acting as a surgeon's apprentice. It was nearly twenty years later that he made his first experiment on a youth named James Phipps, who subsequently died of *pulmonary consumption*, and thus became the first victim of Jenner's system for blood poisoning.

Jenner also vaccinated his own son who also died of *pulmonary consumption*. After vaccinating his son with cowpox Jenner inoculated him with smallpox lymph and it was said that the disease "did not take." This was claimed to be proof of the prophylactic power of the cowpox lymph. But it only proved the well known fact that whenever one well defined disease, of fatal characteristics, has become thoroughly established in the human system, its course is *seldom changed* by other disorders, although the malific influence of the second disease may increase the violence of the one already in full possession and control.

Early in the experiments of Jenner, we find that two of his patients died of *pulmonary consumption*. To the scientist who sought for the truth, this would have been ample proof of the natural result of the filthy practice, but Jenner only proclaimed the fact that these patients did not die of smallpox. All other considerations were entirely ignored by him, and the general public were kept in ignorance. These facts however become very significant when we learn the true nature of the horse disease called "grease," which is the origin of the true Jennerian virus. In fact Jenner frequently used the virus just as it was taken from the heels of the horse and he strongly urged that there could be "no protection against smallpox in any system of vaccination, where the ichor had not this origin."

To correctly estimate the true character of Jenner's practices it will be necessary to enquire into the special nature of the manifestations in the heels of the horse, called "grease." Veterinary surgeons inform us that it is not a local, but a constitutional disease, and often the direct result of a lack of due care and proper feeding. Dr. Collins, possessing the true instincts of the scientist, was not satisfied with anything less than demonstration, and in order to learn the facts in the case, made an examination of a horse which had been slaughtered because he was in the last stages of the disease called "grease."

The doctor describes the *post-mortem* appearance as follows: 1st. "There was a general anemic look of the body, wasting of the tissues, an unusual thickening or fullness of the lymphatic glands." 2nd. "Lips, tongue and gums, covered with peculiar cankerous-looking ulcers, and much swollen; the whole mucous membrane was much softened and covered with livid spots; ulceration of the larynx and trachea; lungs highly congested, and cavities ramifying through the substance of the organ, filled with purulent matter, corresponding in every particular, both in fetor and character, to that exuding from the greasy heels, and which is seen in the last stages of consumption in human subjects."

These facts lead us irresistibly to certain conclusions.

1st. That Jenner's theories were not the result of scientific investigations, but were founded upon the gossip of an ignorant and superstitious peasantry.

2nd. That lymph taken from the heels of a diseased horse and introduced into the veins of human subjects, conveys the identical disease with which the animal was suffering, modified only by the physical condition of the human subject, and the passing of the same lymph through the medium of a cow can only result in adding to the virus from an equine disease, the virus from a bovine affection. The result cannot be other than evil. "We do not gather figs from thistles."

In this connection it may be well to mention the fact that whenever and wherever gangrenous, animal matter, or toxic vegetable substances are thrust into the circulation of the human system, disease must sooner or later result therefrom; the special manifestation of which is usually characteristic of the matter thus introduced but such foreign matter may, and often does co-operate with special morbid conditions of the body injured, in the promotion of some disease, other than that represented by the matter introduced; when two poisons meet in the human system, the one for which conditions are found to be most favorable will prevail, while the other becomes a "silent partner," as it were, in the work of destruction.

If the investigator desires to secure *facts* regarding blood-poisoning by vaccination, he need go no further than the history of Jenner's first case; that of James Phipps, into whose veins Jenner forced the rotten pus, taken from the heels of a horse dying from a disease unknown to Jenner, but which Dr. Collins has shown to be "pulmonary consumption." Dr. Collins, however, is not alone in his opinion regarding the true nature of the equine disease called "grease."

If we consult the Veterinary Surgeons, they will tell us that Glanders, Farcy and Grease, are but three varieties of the same disease, and that they are the equine equivalent for the scrofulous or tuberculous affections in man, and their sequel, consumption.

We have been told that "In the multitude of counsel there is safety." Let us now enquire into the opinions of a few of those eminent men who have had special opportunities to see, and special training by which to enable them to judge correctly of the legitimate effect of vaccination.

Alexander Wilder, Editor of the New York Medical Times, and Professor of Physiology in the United States Medical College of New York, in his pamphlet on vaccination says: "It is the infusion of a contaminating element into the system, and after such contamination you can never hope to regain the former purity of the body; thus tainted, the body is made liable to a host of ailments. Consumption follows in the footsteps of vaccination as certainly and as unequivocally as effect follows cause, and wherever it is common to vaccinate, scrofula and tuberculosis are general." In England, after vaccination became general, and during the twelve years between 1853 and 1865, there was an increase of deaths from consumption of about 230,000, over the preceding twelve years; and during the same period, there was an increase of 100,000 deaths from measles, scarletina, whooping cough and croup.

The Medical Times and Gazette of January 1st, 1854, acknowledges that "consumption had widely spread since the introduction of vaccination; and during the preceding ten years had slain in the metropolis alone, upwards of 68,000."

Professor Bartlett of the New York Medical University furnishes some very significant facts which had been brought to his knowledge regarding the death of 303 children. Out of this number, 208 had been vaccinated, 138 of which, died of tubercular consumption and 70 of other maladies. Of the 95 children that had not been vaccinated, only thirty died of tubercular consumption and 65 of other diseases.

Such testimony as this clearly proves the statement of Dr. Wilder that "consumption follows in the footsteps of vaccination as certainly and unequivocally as effect follows cause." The law is irrevocable that:—"The seed bringeth forth fruit after its kind."

Compilers of Dictionaries but seldom assume the responsibility of recording facts or opinions in opposition to popular professional dogmas. It is not their office to lead, but to define, and we may therefore feel assured that whenever such opinions are expressed, they are the result of carefully considered, cumulative testimony.

We find the following in Copeland's Medical Dictionary: "It is certain that scrofular and tubercular diseases have increased since the introduction of cowpox."

If there is any disease more dreaded than consumption, it is syphilis. Let us now enquire what vaccination has done for the perpetuation of this most disgusting disorder.

In a lecture delivered in Paris, France, in 1862, Professor Ricord said:—"If ever the transmission of disease with vaccine lymph is clearly demonstrated, *vaccination must be altogether discontinued*, for in the present state of science, *we are in possession of no criterion which may permit the conscientious practitioner to assert that the lymph with which he inoculates is perfectly free from admixture.*" In May, 1863, he announced from the same platform, his convictions that the charges of transmission of disease had been proven in the following language:—"At first I repelled the idea that syphilis could be transmitted by vaccination, but to-day I hesitate no more to proclaim their reality."

The strangest part of this testimony from the learned doctor, is that he did not see from the first, that the essential feature of vaccination is "transmission," and that the only point of difference between the pro-vaccinator and the anti-vaccinator, is regarding the *nature* of the matter, and the *result* of its transmission. To the anti-vaccinator, it is a self-evident fact that the "matter" is a *malignant poison*, which "transmits" *malignant diseases.*

It is no answer to this statement to say all who are vaccinated do not immediately succumb to disease. Once in the system, the poison may work secretly, but none the less surely, and sooner or later, will find a weak point through which it may increase the sufferings and lessen the days of those who have been subjected to this process of blood-pollution.

There may be something yet to learn from the Chronothermalists. We know that diseases have peroids of intermission; that the quiescent peroid has no fixed limit of duration; that certain diseases have a tendency to revisit or redevelop in former subjects; that injected poisons do not always act with accustomed celerity, but rest as it were, for a convenient season in which to prove their destructive power. Instances are recorded in which persons bitten by rabid dogs, (Is this canine inoculation?) have suffered no inconvenience therefrom until, in the weaknesses of latter years, the quiescent poison found its opportunity for malignant activity and causing death from rabies.

Dr. Wilder, whose New York practice gave ample opportunity for ascertaining facts and judging effects, has expressed the opinion that: "Syphilis appears oftener as a result of vaccination than from contagion otherwise encountered."

The Vaccination Inquirer and Health Review, printed in London, reports the fact that: "Fifty-eight French soldiers were vaccinated in December 1880, by the regimental doctor, the lymph being taken from a Spanish child, and in a few days all of the fifty-eight, without exception, were infected with syphilis."

Dr. Bamberger, of Warsberg, mentions a case in which syphilis was communicated by vaccination, for which the practitioner was found guilty by a Court of Justice and condemned to prison for several months.

Dr. Cerioli, reports that: "In 1841, a child born of syphilitic parents, but which was apparently healthy, was used to provide lymph to vaccinate sixty-four persons,. who were all syphilized. From which eight children and two women died."

In the London Lancet, of November 16th, 1861, there is an account of forty-six children who were syphilized by vaccination, again on the 15th day of December, 1866, the "Lancet" mentions another instance of thirty children syphilized by vaccination, the lymph being procured from the medical authorities.

The "Siglo Medica," a Spanish Medical Journal, printed in 1865, publishes statistics which show that out of three hundred and four vaccinations, two hundred and twenty-four were syphilized.

The "Rivalta cases" in Italy, are well known. In those cases, the virus was taken from an infant supposed to be healthy. From this one child, forty-six children were vaccinated and one of the forty-six furnished lymph, with which seventeen others were vaccinated. Of the total number of sixty-three children, forty-four were infected with syphilis, and in turn communicated it to their mothers and nurses.

These cases were investigated by Dr. Henry Lee, a well known authority on syphilis, who said he "Could come to no other conclusion, than that the disease was communicated by vaccination."

In a pamphlet published by Prof. Joseph Jones, of Nashville, Tennessee, in 1867, he records the sworn testimony of a large number of eminent physicians, showing that hundreds of soldiers in the confederate armies had died of syphilis and gangrene, caused by vaccination.

"The Confederate States Medical Journal," published in 1864, reported several cases of syphilis which resulted from vaccination.

Dr. M. Depaul, Chief of the Vaccination Service of the French Academy of Medicine, reports vaccinal syphilis which resulted in the infection of one hundred and sixty children.

In testifying before the English Parliamentary Committee in 1871, Dr. Pierce said he had twenty cases of transferred syphilis within four years, the lymph being supplied from the Royal Jennerian Institution.

Dr. Hutchinson testified that he had made the subject of syphilis a specialty and was therefore able to detect indications of that disease which might escape the notice of other medical men, and that he "had seen eleven cases of syphilitic contagion through vaccination."

Dr. Hitchman, of Liverpool, in an article published in the December number of the "Anti-Vaccinator," in the year 1872, in speaking of certain ulcers said: "They owe their disgusting origin to the foul exudations of that indefinite, nameless, hideous thing, now in active propagation throughout the land, yclept-syphilis."

In 1874, Prof. Trousseau, of Paris, France, wrote the "Clinique Medicale," a medical journal published in France: "The transmission of syphilis by vaccination appears now to be an established fact."

In 1878, Prof. German, in an address to the Diet of the German empire, said: "Above all, the direful fatality, which lately occurred at Lebus, would alone warrant the abolition of the vaccination laws. Eighteen school girls, averaging twelve years of age, were re-vaccinated and thereby syphilized, and some of them died. Yet the lymph, the syphilitic lymph, was obtained from the Official Royal Establishment, and was the new regenerated or "animalized" vacine lymph, so warmly recommended for the re-vaccination of schools."

The report of the German Vaccination Commission of 1884, contains the following significant sentence: "Up to 1880, fifty cases have become known in which syphilis inoculated with vaccine virus, caused illness to about *seven hundred and fifty persons*."

In the month of December, 1880, fifty-eight recruits of 4th Regiment of Zouaves, stationed at Algiers, were vaccinated and syphilized, and after terrible suffering, *thirty died*. Regarding this case, Dr. Emile Bertherand, Editor of the Journal of Medicine and of Pharmacy, Algiers, says:—"I have seen the infected youths, and the cause of their misery is undisputed."

In the report of the "Proceedings of the Academy of Medicine," Paris, Bulletine number 31, August 6th, 1889, there is an account of five children vaccinated and infected with ulcerous syphilis.

It is not nescessary to devote further space to the proof of the transmission by vaccination, of this most disgusting and malignant disorder. Let us now devote a few moments to the consideration of general results of vaccination. In this field of observation we shall find ample authority for the remark of Dr. Winterburn, that: "Medical men are no better, and never have been any better, than the public demand; and the surest, the most reasonable, nay the only way to raise the standard of professional character and achievment is through the demands made by an intelligent and exacting public."

This has the true ring of professional integrity. Here is no attempt to pander to special, vested and private interests at the public expense. The practitioner who deserves the respect or patronage of the public, offers moral, intellectual and social worth, as an equivalent for regard and confidence; and genuine service for patronage.

That eminent and learned scientist, Alexander von Humboldt, who understood the manifold evils which arise from tainted blood, once said:—"I have clearly perceived the progressive, dangerous influence of vaccination in England, France and Germany."

It will be seen that this prophecy has been more than fulfilled if we examine the statistics, which at a late hour, are being gathered on the subject, notwithstanding the determined opposition of the pro-vaccinators. For these statistics we have but little space, therefore must allow a few general quotations to tell the tale and expose the facts of Jennerism. The pain and suffering resulting therefrom is beyond the power of word or pen to depict and must be left to the imagination of the reader.

Dr. Winterburn, heretofore quoted, has said: "Vital statistics, gathered from every quarter of the globe, establishes the fact, that smallpox, like other zymoses, originates from unsanitary modes of life and cannot be effectually conquered but by removing the cause."

Like other filth diseases, smallpox requires congenial soil. It feeds upon and is nourished by filth; lacking this, it would cease to exist.

This does not necessarily imply that external surroundings must be unsanitary, although they do exert a power for evil. It is the impurities *within* the system which attracts and supports zymosis; and Jennerism, by its practices of infusing filth into the human system, has done more to promote and perpetuate disease, than all other diseases combined.

Dr. William Collins of London says: "I have no faith in vaccination, nay, I look upon it with the greatest disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and it is no protection form smallpox."

Dr. Robert A. Gunn, Dean of the United States Medical College of New York, in speaking of Medical Dogmas, has said:—"Of these dogmas, I believe the practice known as vaccination to be the most absurd and most pernicious. I do not believe that a single person has ever been protected from smallpox by it; while I know that many serious bodily evils and even deaths, have resulted from its employment. The whole theory is founded upon assumption, contrary to common sense and entirely opposed to all known principles of physiology. Every physician of experience, has met with numerous cases of cutaneous eruptions, erysipelas and syphilis, which were directly traceable to vaccination, and if these cases could be collected and presented in one report, they would form a more terrible picture than the worst that has ever been drawn of the horrors of smallpox."

But these terrible pictures have not been left entirely to the vagaries of the imagination. Some years since one Dr. Ceely made special examinations of the results of animal vaccination and drew from life, several pictures of cases which presented facts having special significance. These pictures were subsequently reproduced on well executed plates in order that the exact condition might be made known to those of the profession who cared to investigate the matter and they fully justify the remark of Prof. Gunn, above quoted. They represented the effects of vaccinal blood poisoning and would be highly instructive to the general public who must suffer so long as vaccination is enforced by law. Truly, the ignorance and indifference of the masses, is the opportunity of the crafty and vicious.

Francis W. Newman, Emeritus Professor of Oxford University has said: "The doctors who advise vaccination have no right to be listened to with deference; for they have been guilty of monstrous and deadly blunders. A quarter of a century back they rebuked and scoffed at those who informed them that vaccination may propagate any or every disease that is in the blood. To the last moment they hardened themselves against conviction and when no longer able to deny it, they showed no humility, no confession of error, no abashment."

This is a high and disinterested authority, from one whose knowledge of facts cannot be denied, and those who "advise vaccination" may feel that silence is their best defence to the charge. The Anti-Vaccinators are in no such dilemma and their voices should be heard. They are pleading the cause of the people in case of "Bodily Purity, vs. Blood-Contamination," and are doing this without fee or reward, other than that of a consciousness of having discharged that duty which all men owe to the general public.

Dr. R. K. Noyse, formerly Resident Surgeon of the Boston City Hospital, in his book entitled "Self Curability of Disease," has said: "I believe vaccination has been the greatest delusion that has ensnared mankind in the last three centuries. It originated in fraud, ignorance and error. It is unscientific and impracticable. It has been promotive of very great evil, and I cannot accredit it any good."

It must be admitted that Dr. Noyse had a rare opportunity to "Learn the lesson of experience," and the duties of his office required that the standard of health be kept at the highest practicable point, if he would consult his own ease and comfort.

A French writer, Verd de Lisle, presents a new point for our consideration, he says: "Vaccination has caused mental and physical degeneration of the human species, diminished men's stature, incapacitated them for military service or even the exercise of dancing."

This French writer has, in a few words, drawn a true picture of the legitimate result of introducing into the system any toxic influence, whether it be pus from the heels of a horse, the pustules of a cow or any other poisonous matter, which weakens, suspends or causes erratic action of any of the functions of the body. When nature's law has been interfered with, it is vain to speculate on the results. The vaccinator ignorantly or willfully takes fearful responsibilities, and the vaccinated must submit to the chances of certain malific influences; the result of which can only be foreseen by the eye of the Omniscience.

Dr. Edward Ballard, in his work on vaccination says: "Surgeon and patient should both carry in their minds the regulating thought that one is engaged in communicating, and the other in receiving into his system a real disease—as truly a disease, as smallpox or measles."

Dr. Ballard has thus clearly stated the facts in the case. Vaccine matter is diseased matter, possessing no power other than the multiplication of diseases, and there can be no greater crime than that of deliberately robbing an innocent child of its God-given birthright of purity, by engrafting its tender flesh with a malignant poison which checks development and entrammels its every thought and act while life shall last.

The extent of this crime against child-life is not an imaginary picture. In the English "Digest of Parliamentary Returns," No. 488, Session of 1878, entitled "Vaccination Mortality," we find the startling statement that: "Twenty-five thousand children are annually slaughtered by disease inoculated into the system by vaccination, and a far greater number are injured and maimed for life by the same unwholesome rite."

Prof. Alexander Wilder, M. D., editor of the New York Medical Tribune, in a pamphlet entitled "Vaccination, a Medical Fallacy," says: "A vaccinated people will always be a sickly people, short lived and degenerate "

Constantine Herring was a widely known medical authority whose works are extensively read on both sides of the Atlantic and whose opinion is entitled to respect, in speaking of vaccination has said: "I have more than once plainly seen, and often heard of cases where children remained ailing from the time of vaccination, who were previously in robust health."

Dr. J. E. Coderre, whose position as Professor of Materia Medica, at Victoria University, Montreal, is a sufficient guarantee that he speaks from experience, plainly expresses his opinion of vaccination in the following language: "The idea of introducing into a healthy organism the virus of an inflammatory and gangrenous malady, *in order to keep it from disease which does not exist, is revolting to commonsense.*"

As early as 1805, Dr. William Rowley, an eminent London physician publicly announced that: "Out of 504 persons vaccinated, 75 died from the consequences. There is no doubt here, or question of supposition, calculation or probability—*it is truth.*"

According to the "Report of the Register General," London, England, the death rate, from zymotic disorders in London, from 1870 to 1880, was less than any preceding decade. The decreased mortality from fevers fell about fifty per cent.; scarletina and diptheria about thirty-three per cent.; but smallpox gave an *increase* of nearly fifty per cent. above its previous average notwithstanding the law which made vaccination compulsory.

In the investigation made by the British Parliament in 1871, regarding the results of vaccination, a large list of eminent physicians and citizens appeared and testified. Space forbids the giving of their testimony in full, but the following facts were elicited, viz.: "That vaccination leaves scrofula behind;—that the lymph lays the foundation for tubercular diseases;—that affections of the eyes, ears, throat and mind, have increased with vaccination;—that syphilis is propagated by the lancet of the vaccinators;—that it increases scrofular consumption and infant mortality;—that it causes ulcerous sores and boils of the most painful and dangerous character;—that it caused the appearance of a violent rash which ended in death;—that a healthy babe on being vaccinated, the head became one mass of syphilitic sores, no such disease being in the family;—that a healthy babe on being vaccinated, became a great sufferer and died at eight, the body being literally rotten;—that a babe of eighteen months had a cancer on the chin, the result of vaccination;—that a babe in good health before vaccination was never well thereafter, its flesh rotted on the slightest scratch of a pin, frequently broke out into sores and died at twenty months, while six other children vaccinated from this child, died."

Dr. Bakwell, Vaccinator General of Trinidad, who had been summoned before this committee, testified as follows: "There is a very strong opinion among medical men in the West Indies that leprosy has been communicated by vaccination. They often apply to me for lymph from England, though there would be an equal chance of English lymph being contaminated by syphilis; have seen several cases of leprosy where vaccination seemed to be the only explanation; have a case now, a child from India, a leper, both parents being English. I saw another, a creole of Trinidad, also of English parents. Sir Randal Martin agreed with me that the leprosy arose from vaccination. I arrived at the conclusion with reluctance in the face of difficulties. I have no doubt death resulted from syphilis, produced by vaccination, in the Rivalta cases. There are two hundred and fifty-eight such cases mentioned by Lancereaux as having occurred in France, Italy and Germany, and I think there are others of which we have no knowledge."

Dr. Siljestrom, an eminent scientist and member of the Swedish Parliament says: "I have always felt that if vaccination does not stand against smallpox, it is nothing; if it does not so stand, millions to one, but it imparts other and more powerful disorders into the system. My own coachman's child took erysipelas concurrently with vaccination, and both the child and its mother, who was nursing it, who had had smallpox, died of the erysipelas."

Dr. Mitchel, a member of the British House of Commons, in discussing this question said: "Vaccination has made murder legal, it does not protect and is followed by blindness and scrofula. Jennerism, is the most colossal humbug which the human race has been burdened with by fraud and deceit."

Prof. Hamernik, has said that "the practice of vaccination is a disgrace to the medical profession."

Dr. Von Koehler, furnishes the facts regarding the infection of 320 children and adults, June 11th, 1885, with a disgusting skin disease, in the Isle of Rygen, by lymph obtained from a government establishment. An expert commission was appointed to enquire into the facts of the case, who unanimously reported that, "the disease was the direct consequence of vacccination."

The *Lyon Medicale*, of June 22nd, 1879, publishes the following item. "On April 26th and 28th, the local doctors vaccinated with animal virus, 38 children, all ages being less than twenty months. Whilst awaiting the incubation of the vaccine pustules, they perceived that they had inoculated one of the most horrible of maladies and that they had been the involuntary authors of a real massacre of the innocents. The facts in the cases were reported to the *Gazette d'Italia*, by a gentleman who saw the victims. He said: 'it appeared to be an epidemic of *glanders*.'"

This statement from an Italian Medical Journal, becomes an added link in the chain of evidence which is very significant when viewed in its true light; a fact which parents should never forget.

Let us review the points in the case.

1st. Jenner's "vaccine matter" was putrid pus which exudes from the heels of a horse suffering from a disease called "grease."

2nd. Grease and glanders are but two distinct manifestations of the same equine disease.

3rd. This disorder known as glanders, grease or farcy, is not a local, but a constitutional affection, analogous to that of pulmonary consumption in the human subject.

4th. These babes were endowed by their Creator with health, and were entitled to *paternal protection* in their purity, from that unholy Jennerian rite of blood contamination, called vaccination, against which every physical law of nature rebels.

5th. "Local doctors," under the pretext of "protecting" against a disease which did not, and could not exist in a healthy body, invade the sanctuary of trustful, helpless purity; and while uplifted, innocent eyes plead for the shelter of maternal arms, the contaminating lancet; in shameless, dogmatic hands, engrafts pure, sweet flesh, with one of the most terrible disorders known to man.

Has any mutilator of human flesh ever before accomplished anything more diabolical in immediate or ultimate effects?

Dr. Epps who for twenty-five years was director of the Jenner institute, has expressed the following opinion, viz.:

"Vaccine virus is a poison. As such it penetrates all organic systems. It is neither antidote nor corrigent; nor does it neutralize the smallpox, but only paralyzes the expansive power of a good constitution, so that the disease falls back upon the mucous membranes. *Nobody has the right to transplant such a mischievous poison into the life of a child.*"

Professor Ennemoser in a communication on the subject of vaccination has said: "*A more infernal mystification the world has never experienced since its existence.* It is certainly not to be comprehended how a poison in the organism, can be extinguished by a similar poison."

But the facts are even stronger than the case stated by the learned professor. The vaccine virus is thrust into the *healthy* organism; and henceforth the unclean matter, through the law of affinity, *attracts* its kind and thus *promotes* the disorder it professes to prohibit.

Professor Kranichfield, of Berlin, expresses his opinion in emphatic language, he says: "I, too, have vaccinated my children at a time when I did not know how injurious it was. To-day I would resist the authorities and the police law."

In a communication to the *Medical Times*, June 1st, 1852, Dr. Gregory, who was then Medical Director of the London Smallpox Hospital, said: "The idea of extinguishing the smallpox by vaccination, is as absurd as it is chimerical; it is as irrational as it is presumptuous."

His acts were in accordance with his opinion, as he refused to have his children vaccinated.

Dr. Stowell, after twenty years' experience as *Vaccine Physician* in England, said: "The general declaration of my patients enables me to proclaim that vaccination is not only an illusion, but a curse to humanity."

Dr. Collins, another *Vaccine Physician*, whose twenty years of experience in both London and Edinburgh, should give weight to his opinion on the subject has said: "I have not the least confidence in vaccination; it nauseates me, for it often transfers filthy and dangerous diseases from one to another, without offering any protection whatever."

According to Dr. Pearce who was *Vaccine Physician* in Edinburgh and London, the death rate among the smallpox patients of the first thirty years of the last century, was seven and one-half per cent.; during the last thirty years of the same century, and after vaccination became general, the death rate increased to nine and one-half per cent.

Dr. Dongan Bird, an eminent English Physician asserts that: "The blood of the whole British population is saturated with scrofulous and tubercular diseases; which are more destructive to the youth and flower of the European races than ever were the cholera, plague, or most bloody wars of Napoleon."

Perhaps the most conclusive testimony regarding vaccination is from the pen of Dr. L. J. Keller, who was physician-in-chief for the Austrian system of railways at the time of the epidemic of 1872–3, and therefore had the general oversight of 37,000 employees, with their wives and children. There were 2,627 cases of smallpox, of which 469 died. Dr. Keller draws the following conclusions from his experience during this epidemic.

1st. "Generally more vaccinated than unvaccinated persons were attacked by smallpox."

2nd. "Re-vaccination did not protect from smallpox, and did not lessen the general mortality."

3rd. "Neither vaccination nor re-vaccination exercised any favorable influence upon the mortality of smallpox."

This is disinterested testimony from one who was not only competent to judge, but whose experience covered a very wide field, and thus was in possession of all facts necessary to form a correct opinion and whose personal interests required that this vast multitude of men, women and children, be kept in the best possible condition of health.

The opinion of Dr. Keller is fully confirmed by Catlin, who tells us in his "History of the North American Indians," that, "Among a tribe of Indians, all who were vaccinated during an epidemic of smallpox, died."

Dr. Gunn, says in reference to a report in the *London Lancet* of ten deaths from erysipelas, caused by vaccination: "Similar cases have been reported from almost every part of the United States, and the individual testimony of physicians in private practice, would fill volumes without exhausting the horrors that have been developed by vaccination."

Professor Pickering, of London, England, who has given special attention to the subject of smallpox and vaccination, in an address delivered before the State Committee on Public Health, at the State House, Boston, May 28th, 1894, said: "Smallpox is one of the four diseases which wrought such havoc some hundreds of years ago; the plague; the black death; the sweating sickness and smallpox. All but small-pox were eradicated, and that would have been, had it not been kept alive by vaccination."

At the close of the address, Professor Pickering assured the committee that, "The Boston Smallpox Hospital, could be cleared of infection in ten days. That eighty per cent. of its patients could be cured within six hours, and ten per cent. additional within twelve hours."

The National Board of Health, of Washington, D. C., under date of March 4th, 1882, reports the following from Thomasville, Ga.: "The town authorities appointed a physician to vaccinate all who presented themselves for the purpose. The virus was procured from the New England Vaccine Company, Chelsea, Mass., as 'bovine matter.' The result has been fearful. Nearly every one vaccinated has suffered severely from erysipelas or erythema; the arm swollen from shoulder to wrist and the point of puncture presenting the appearance of a sloughing ulcer, discharging freely sanious pus."

There is nothing more sacred than the helplessness of early childhood. To rob a sweet and innocent babe of its divine inheritance of purity is the most heinous of all crimes. Verily the sum of all wickedness seems to be concentrated into this one Jennerian dogma of vaccination.

It entrammels the vital powers by filling the system with a stagnating poison at a time when nature demands vigorous, vital action, and pure nourishment. It retards and perverts functional activity and introduces discord where the fiat of the Creator had prescribed harmony.

It is through this condition of functional inharmony that the nidus is provided for the infecting germ, and in which incubation takes place.

We have seen that vaccine virus usually develops zymotic affections but its course is always uncertain, and often causes secret, internal disorders to which the stomach and bowels are peculiarly suceptible.

Dr. DeTerze, of Paris, has expressed the opinion that: "Typhus, scrofula and tubercles, are transformed, internal smallpox."

Epidemic smallpox which was so severe in the seventeenth century, seemed to have reached its highest point in

1779–80, and had nearly disappeared at the beginning of the eighteenth century, but was succeeded by a species of typhus, called *Variola intestinalis* which proved even more destructive than its kindred and preceding disorder.

It is self-evident that vaccination has not only perpetuated smallpox but it has so contaminated the system that it is more easily invaded by other destructive elements of disease. Even the teeth are not exempt.

Professor Winterburn, in his most excellent work on vaccination says: "Children vaccinated during the period of dentition, often suffer from diarrhoea, and frequently the tooth-making process is interfered with and the teeth are imperfectly developed, or are subject to early decay."

Dr. William L. Johnson, of Newburyport, Mass., well known for his labors in the matter of diet reform, and the inventor of the "Educator" crackers; in a letter to "The Newburyport News," on the subject of vaccination says: "It has been ascertained that in all countries where vaccination is unknown, the decay of the teeth is unknown, and in all countries where it is practiced, the teeth rot." He further says: "My five children were all exposed to smallpox, and the only one who took the disease, was the only one who had been vaccinated."

This adds one more to the almost innumerable cases which show that vaccination impairs the constitutional integrity and thus provides congenial conditions for the development of the very disease we desire to stamp out.

In 1855, a commissioner was appointed by the British Parliament to procure the opinion of eminent physicians regarding vaccination. Out of some five hundred answers, two hundred and sixteen subscribed to the following objections:

1st. "It endangers life."

2nd. "It nurses and develops latent diseases."

3rd. "Children frequently do not thrive so well after, as before vaccination, especially during teething, change of teeth and puberty."

4th. "It introduces new diseases into the body of the patient."

Dr. Winterburn, in his work on vaccination says: "Upwards of nine hundred of well attested cases (of invaccinated syphilis), are on record; and when it is remembered with what difficulty even a single case can be indubitably sustained, the mind realizes the probability of thousands which have been overlooked or ignored. My own dispensary experience leads me to aver that a systematic, impartial, Governmental investigation would reveal an undreamt of multitude of cases." But he adds, very significantly: "Such an investigation will never be permitted."

While writing, we learn of "A smallpox epidemic in the East." A correspondent of the "Homeopathic World," writing from Calcutta, says: "More than six thousand cases of smallpox have already occurred in this city since the beginning of February, 1895, of which seventy per cent. were fatal. Almost all the people are vaccinated from virus of cowpox and we regret that this vaccination does not prevent the attacks."

This testimony proves:

1st. That vaccination, *a la Jenner*, does not protect.

2nd. That the blood of "almost all the people," has been contaminated, and their constitutional integrity has been impaired.

3rd. In this weakened condition, due functional action of the entire system becomes impossible.

4th. This weakness of the system is the enemies' opportunity for implanting the germs of disease and the body is thus converted into a perfect smallpox incubator. The work of the destroyer is further assisted by the climate and uncleanly habits.

Enough has been said to show that only evil can result from the introduction of rotten pus into a healthy body, and it might flatter our vanity if we could lay all the blame to the ignorance of the dark ages, but we cannot thus escape the condemnation of future generations. Our statute books are still encumbered with infamous laws enforcing blood-poisoning of innocent children, although we may charge the framing of these laws to those who have no higher calling to the medical profession than the dollars it may yield to cupidity, we are all responsible for their continuance, and future generations will point to them as a blot and a legalized crime.

No candid and intelligent person can investigate this subject without a feeling of mingled horror and indignation that this system of blood-poisoning should have been made compulsory in this land of boasted freedom, and it may be well to enquire into the peculiar nature of the influence, by which a law could be enacted which, according to Doctor Mitchel of the British House of Commons, "Has made murder legal."

It may be said that all men have a right to their private opinions, and this would be true, if the question was of a private and doubtful nature, but no man has a right to maintain an opinion which is contrary to both common sense and well known facts. Such an opinion would be prevarication, pure and simple.

The facts in the case are overwhelming in their conclusiveness; all pointing to that which Sir Thomas Watson of England, called: "An ugly blot." But the contamination of the blood of the whole human race is more than this; it is a crime without parallel against the physical purity of God's children; a violation of the God-given rights of man, and the Rev. Dr. Francis Wayland has told us that: "The rights of man are as truly rights, as the rights of God; and their violation is as truly a violation of right, as the violation of the rights of God."

That temple in which God has placed a living soul, should be a sanctuary not to be invaded by the poisoned arrow of the savage, nor the poisoned lancet of ignorance, superstition or venality.

Dr. S. B. Munn, of Waterbury, Conn., has said: "If medical men were made responsible for ill effects, no physician would ever vaccinate."

This remark is directly to the point and worthy a practical test. The statuatory protection which the people need is not against the ordinary chances of disease, but the certainty of disorders transferred by the lancet of the charlitan.

Dr. Winterburn has told us that: "Medical men are no better, and never have been any better than the public demand," and the best way to quicken the professional conscience is to make them strictly responsible for the results of professional acts, "By their fruits ye shall know them."

We hold the architect strictly responsible for his acts, but his blunders seldom involve more than pecuniary losses. Is life and health less sacred than dollars and cents?

Medical men say, and in private conversation, often do exhibit a degree of moral obtuseness, but there are few who would not shrink from publishing to the world the evidence of their moral obliquity.

The following extract is from an article on "Certificates of Death," written by Dr. Henry May, and published in the January number of the "Medical Review," 1874. The writer says: "In certificates given by us voluntarily, and to which the public have access, it is scarcely to be expected that a medical man will give opinions which may tell against, or reflect upon himself in any way, or which are likely to cause annoyance or injury to the survivors. In such cases he will most likely tell the truth, and assign some prominent sympton of the disease as the cause of death. As instances which may tell against the medical man himself, I will mention *erysipelas* from *vaccination*, and *puerperal fever*. A death from the first cause occurred not long ago in my practice, and although I had not vaccinated the child, *yet in my desire to preserve vaccination from reproach, I omitted all mention of it in my certificate of death.*"

In this statement we have two important facts, viz.:

1st. That vaccination caused erysipelas and death.

2nd. That in his "desire to preserve vaccination from reproach," the learned doctor was willing to misrepresent facts, and by so doing betray the confidence reposed in him by his patron and the general public. Is this the ethical standard of a learned and scientific gentleman, or the craft of an ignorant tradesman, harrassed by the avarice of some greedy employer?

The legal maxim, *falsus in uno, falsus in omnibus*, might with propriety be applied to those who deceive patrons and falsify records to save a medical dogma from deserved reproach.

The author of the foregoing quotation is probably no more blameworthy than many others who are active and unscrupulous promoters of the Jennerian theories, but we submit that this quotation may be a fair *expose* of the ethics of that class of medical practitioners who "desire to preserve vaccination from reproach." That they have deliberately falsified the records is well known, but their motive for so doing may not be as thoroughly understood by the public as it should be.

Dr. Maclean, a well known medical authority of the early part of the present century, therefore contemporary with Jenner has said: "It will be thought incumbent on the vaccinators to come forward and disprove the numerous facts decisive against vaccination stated on unimpeachable authority, or make the *amend honorable* by a manly recantation. But experience forbids us to expect any such fair and magnanimous proceeding, and we may be assured that, under no circumstances, will they abandon so lucrative a practice, *until the practice abandons them.*"

Dr. Gunn, says: "There is a vaccination ring in England, receiving millions of the public money. It is in their interest to favor the practice at all hazards and to falsify statistics in order to conceal its failure and its evils. There are also armies of public vaccinators in every large city all over Europe, who are supported from the public treasury, and every practitioner who does not oppose the practice, derives a considerable income from its continuance."

According to the "Herald of Health," "Ten millions of dollars are paid to physicians in England, annually, which would not be paid, if the law did not enforce vaccination."

These remarks are equally applicable to our own country. The capital invested in the manufacture of vaccine virus (poison) would become a complete loss as soon as the diabolical nature of the business is fully exposed. We have also here, as well as in Europe, an army of public and private vaccinators whose profits from this blood-contaminating process may be estimated to be fully equal to that paid in England, and our political experience would seem to indicate that a much smaller sum than ten million would tempt the vicious and unscrupulous, when they know that the law will shield them from all personal responsibility.

Notwithstanding the injurious results of the process, we have a large army of legally protected practitioners who are strenuously advocating *annual* vaccination, legally enforced.

Their motive will be clearly understood when we consider the fees. With 60,000,000 of people to be annually vaccinated, even at the low rate of fifty cents per capita, we have the enormous tax of $30,000,000., to be levied annually for the special benefit of impecunious practitioners. They pocket the profits, and the people suffer the consequences. The better class—the scientific class of medical men—as a rule, do not vaccinate, and those who do, exact the surgeon's fee, and thus the grand total of this vicious tax, if strictly enforced, would greatly exceed the above mentioned sum. Add to this the cost of the multifarious ailments resulting from this unwholesome rite, and we shall find in this one word "*vaccination*," the heaviest burden the human race has ever been called upon to endure.

We have already exceeded our intended limits in this discussion, and the testimony produced may appear unnecessarily cumulative. The subject, however, is one of vital interest to all, and we have made no quotations we did not deem important. We have by no means exhausted the testimony at command, and, for lack of space, we have been compelled to omit many interesting and important facts. For the present we will rest our case against the custom of vaccination on the testimony offered. There is one more modern custom which is so intimately connected with this subject that we should feel it to be a neglect of duty to pass it as ships pass in the night,—without note of cargo or course. We allude to the mania for inoculating the human body with specific, toxic matter which obstructs and paralyzes, instead of stimulating vital functions with proper nutriton.

Prof Koch was a man of experience in bacterial research. His error consisted in his practical application of the knowledge attained. His theories were defective, and his attempt to cure the disease called consumption by the injection of what Dr. S. G. Dickson has told us is "one of the most powerful poisons known" was an error in judgment, fully as conspicuous as that of Dr. Jenner. The disastrous consequences, however, were limited by the early discovery of the dangerous and useless character of the experiments, and the Koch mania is fast dying out.

Pasteurism, or inoculation for hydrophobia, is another rite of the same genesis as Jennerism, and by which many innocent persons have been hurried into eternity. According to statistics published by the "Anti Vivisection Society," of London, sixty-three persons had died in consequence of treatment by Pasteur's system, within the two years preceding March, 1887, and M. Zutland, Editor of the "*Journal de Medicine*," says: "Pasteur does not cure rabies, *but gives it by inoculation.*"

The lessons of the past would seem to be sufficient to prove that inoculated or injected disease, is as truly a disease as that arising from other causes, but we find that each decade brings into public view men with more physical energy than mental acumen, and who prefer an unsavory notoriety to common-place obscurity. When such people drift into the medical profession, they often attempt some new application of an exploded theory.

At the present time anti-toxine seems to be the special sensation of the medical world, and the thoughtless acceptance of this treatment for diptheria, exposes the careless recklessness of many members of the profession, and goes far to prove the truth of the old adage that "Physicians are born—not made."

The subject has been brought into unpleasant notoriety by the recent report in the New York papers of the sudden death of a young man in Brooklyn after one injection of anti-toxine. Virchow, of Berlin, had condemned the practice, and the fatal result from the Brooklyn experiment has aroused the public to the dangers of the practice, and those of the profession who have become compromised by the advocacy of the use of anti-toxine have made hot haste to defend themselves.

At a recent meeting of the medical men of New York, five papers were read in praise of anti-toxine. At the close of the reading of the last essay, Dr. Joseph E. Winters arose and said that for three months he had studied its effects carefully in the Williard Parker Hospital, but had failed to find a single case where it had a healthy influence on diptheria. "On the contrary," he continued, "I have found many where death has been due directly to the use of the drug." He refused to believe the statistics of the anti-toxine advocates, among which he included those of Dr. Briggs of the New York Board of Health, and he warned the public against submitting to anti-toxine inoculation.

In a subsequent communication to the "Medical Record," Dr. Winters said:

"I oppose the anti-toxine treatment of diptheria—

1st. Because in an experience of one hundred and fifty-four cases, during the months of January, February and March, 1895, in the Williard Parker Hospital, I have failed to see the slightest evidence that it neutralized the toxaemia in a single case. I have never found that it exerted the slightest influence for good in a single clinical manifestation of the disease on membrane, pulse, temperature, gland swelling, laryngeal symptoms, etc. Every one of these cases were examined daily, with great care and solicitude, and with the desire to discover some evidence of the virtues ascribed to anti-toxine by others.

2nd. I oppose it on account of its immediate danger to life, through its influence on the kidneys and on the nervous system, and, remotely, through its influence on the blood."

Doctors are not miracle workers; cures, if effected, must be through a wise co-operation with hygienic law. Nothing but evil comes through constitutional impairment. The Jenner lymph, is diseased matter which transmits disease; the Koch poison has accomplished the deadly work of its nature; Pasteurism duplicates the injury first inflicted by the teeth of the brute—both by *inoculation;* and anti-toxine is now being forced upon the people in defiance of God's laws of life and health.

"A corrupt tree cannot bring forth good fruit."

In conclusion we would appeal to the people to investigate this subject, and we feel assured that those who do so, will recognize the true cause of much of their sufferings, and the almost innumerable taxes which disease has imposed upon them, and henceforth exert every power to save their innocent children from further contamination by vaccination, inoculation, or other kindred rites. To protect your children you must repeal the "vaccination laws," and enact more stringent laws against malpractice, which shall be available to the poorest as well as the wealthiest citizens. To accomplish this you must see that no man enters the next legislature that is not pledged to support these measures of reform.

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THE MEDICAL VOODOO

By
ANNIE RILEY HALE

Author of "These Cults," "The Natural Way to Health," etc.

Gotham House

New York
1935

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To my son, Shelton Hale

"Theoretical immunology, now considered the newest branch of scientific medicine, is in reality the oldest clinical science. The medicine men of the Congo, and the jungle doctors of the Orinoco, have today an immunological theory that is more detailed and of wider clinical application, than the boasted immuno-science of Nordic medicine.

"There is not a fundamental deduction from present-day infections theory, that was not known, predicted or parodied, by the pre-dynastic Osiers of Ancient Egypt—50 centuries before the 19th Century renaissance of the same deductions."

Dr. W. H. Manwaring, Professor of
Bacteriology and Experimental Pathology at
Leland-Stanford University, Palo Alto, California.

FOREWORD

This book issues a flat challenge to so-called "scientific immunology," and is an arraignment of the crimes committed in its name. The arraignment is based on statistical facts of record, derived mainly from medical sources, and on well-authenticated medical opinion. Only the bigots and fanatics of "regular" medicine will seek to discredit the ground-work of this indictment because it is prepared by a lay research-worker. Facts are facts—regardless of who brings them.

If to some readers the conclusions reached appear too harsh in some instances, I can only say: It is not I, but *the facts* which render judgment. Too many lives have already been sacrificed to a squeamish regard for the family doctor, who—if the truth were known—is in many cases also the victim of the same system of medico-political rule under which the "scientific immunology" is taking its frightful toll.

If the book shall serve no other end than bringing to public attention the much neglected though eminent medical voices—past and present—raised in dissent and protest against the vaccine-serum method of "disease prevention," it will have supplied a long-felt need. Very many persons do not even know that such dissenting voices exist; and if the matter must be settled for us solely upon medical authority, then surely it is only fair to the public having a vital interest in the settlement, to permit them to hear from *all the authorities.* "He who knows only his own side of a question, doesn't know *that* very well."

The book aims to present "the other side" of the *medical controversy* over so-called "preventive medicine" for those who never heard that there *is* another side.

A. R. H.

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CHAPTER I

Where Seer and Healer Met

When we consider the mysterious nature of the Life Principle—as great a mystery to the most learned physician as to the most illiterate layman—the hidden physiological processes, and the more or less psychic elements in all disease problems, it is not surprising that the earliest religious faiths of the world were inseparably linked with primitive notions about the origin and control of disease; and that the offices of priest and shaman (medicine man) met in the same person. The seer, the ecclesiastic, and the healer, functioned as one.

And although in succeeding ages these offices became distinct and separate professions—pursued by different groups, trained in different schools—the essential root-idea in the two callings persisted, and down' to the present day the doctors of the body and the doctors of the soul have much in common.

Their popularity rests on the most omnipresent human infirmity—fear. In all ages fear of pain and sickness has driven the human race into the arms of the doctor; fear of death and hell into the arms of the priest or parson. And in all ages learned clerics, mitred prelates, eminent physicians and surgeons—equally with the soothsayers and witch-doctors of primitive peoples—have not scrupled to make free use of the fear-appeal in the prosecution of their business.

Fear, ignorance, superstition and credulity have ever been the hand maidens of the sacerdotal and healing cults, modified in all times by the degree of civilized advancement and cultural development of their votaries.

Pre-historic man interpreted such natural phenomena as cyclones, cloudbursts, earthquakes and drought as the outward and visible signs of angry gods. The conception of power unaccompanied by the desire to use it malevolently, appears to have been beyond the primitive mind. Hence disease was likewise believed to be the work of demons and evil genii, or of an offended shade of the dead, or in certain cases it was traced to the malicious spell of a human enemy possessed of extraordinary powers—witchcraft and sorcery.

The remedy was, in the one case, propitiation of the offended divinity or shade—with burnt-offerings and sacrifice; or the punishment of the human disease-conjurer, with flagellation and death. Hence the barbarous practices of witch-burning and flogging of the insane—accused in savage superstition of "demoniacal possession."

"The common point of convergence of all medical folk-lore," says Dr. Fielding Garrison in his *History of Medicine,* "is the notion that spirits or other supernatural agencies are the efficient causes of disease and death. . . . Ancient and primitive medicine, whether Assyro-Babylonian or Scandinavian, Slavic or Celtic, Roman or Polynesian, has been the same—in each case an affair of charms and spells, plant-life and psychotherapy, to stave off supernatural agencies."

According to another medical historian, Alexander Wilder, these medical superstitions are coeval with the earliest traditions on all other subjects. "Every country having a literature of ancient periods of its history," says Wilder, "possesses some account of a healing art, whose history is therefore as old as the history of the race; and properly speaking, we have no 'Father of Medicine' except in eponym."

The elder Pliny ascribed the origin of medicine as an art and pursuit to the Egyptians. Others traced it to Arabia, and others still to Chaldea. Inasmuch as the relative antiquity of the different countries is a disputed point, giving preference to any one of them in priority of the healing art is not important. But the superior knowledge and skill of the priest-physicians of Egypt, the *pastiphori,* as they were called, entitles them to special mention.

According to Garrison, their knowledge of chemistry went far ahead of any of their contemporaries. Indeed the word *chemistry* is derived from *Chemi*—the "Black Land"—the ancient name of Egypt, and chemistry in the early time was known as "the black art."

Garrison also accredits the Egyptian priest-physicians with unusual skill in metallurgy, dyeing, distillation, preparation of leather, making of glass, soap, alloys and amalgams; and says "in Homer's time they probably knew more about anatomy and therapeutics than the Hellenes."

The Egyptian reverence for a dead human body forbade its dissection as sacrilege; but it was from their extraordinary custom of mummification—an outcome of their religious regard for the body—that they acquired their knowledge of anatomy; and in perfecting their art of embalming the dead, the pastiphori also gained their knowledge of chemistry and became pioneers in that branch of medicine.

But with all their knowledge and skill in the secular arts, the ancient Egyptians were intensely religious. The pastiphori mingled prayers and invocations of the national gods with the compounding of their prescriptions, and the patients to whom they were administered were instructed to look to the appropriate divinity for the cure. Isis, "the Great Mother and Madonna," was also Goddess of the Secret Shrine and patroness of the healing art. Their god Thoth—called by the Greeks variously the "Egyptian Hermes" and the "Egyptian Apollo"—was the god of astrology and alchemy, and the tutelary deity of all sacred and sacerdotal learning. Six of the Books inscribed to him were devoted to medicine and surgery, and the various treatises were set forth as special revelations from Thoth.

Our knowledge of the status of medicine in ancient Egypt is partly derived from the works of Homer and Herodotus, partly from hieroglyphics on temple walls and monuments, but chiefly from the famous papyri, of which the best known and most complete are the Ebers translations dating from the earliest reigns.

From all these it appears that medical practice among the ancient Egyptians took on some of the features of modern procedure. According to Herodotus, they had specialists not unlike our moderns. He says: "Each physician treats a single disorder and no more. Thus the whole country swarms with medical practitioners, some undertaking to cure diseases of the eye, others of the head, others of the teeth, others again the intestines, while still others treated complaints which are not local—their maxims being even if but a small part of the body suffers, the whole body is ill."

In this respect ancient Egyptian insight into the fundamentals of disease appears superior to that of some medical men of our own time. For it is not uncommon to hear persons remark: "My doctor tells me I am perfectly sound except I have a bad heart, or weak bronchia"—or impairment of some other vital organ. Indeed we have seen it stated in perfectly orthodox and authentic medical literature, that "one reason it is so difficult to detect the early stages of cancer is that it frequently develops in otherwise healthy persons"!

Wilder's *History of Ancient Medicine* relates that the Egyptian temples were schools of learning wherein the priest-physicians (the pastiphori) "were carefully instructed in the various branches of knowledge by professors excelling in erudition. And when they attained their senior degree they were admitted to the dignity of Scribes of the Temple, and entitled to maintenance from the Royal Treasury."

Thus every temple had its staff of medical practitioners, and whoever required the services of a physician sent thither for him with a statement of the ailment from which the patient was thought to be suffering, when the chief of the medical staff would select the one he deemed best suited for the case. Wilder says further:

"Deriving their support from the lands of the priests and payments from the Royal Treasury, the pastiphori received no fee or honorarium from patients. Whatever payment was made in acknowledgement of their services belonged to the temple with which they were connected. They were obliged to attend the poor and to go on foreign journeys and military service without remuneration."

The earliest and most famous of these temple-universities in the ancient Kingdom by the Nile were those located at On and Memphis, and were built by Menes, the traditional founder of the first Egyptian Dynasty. After the expulsion of the "Shepherd Kings"—Hyksos—and the establishment of the 19th Dynasty under Seti the Conqueror, he resolved to build at Thebes an *Akademeia* which should rival the priestly seminaries of Lower Egypt.

Vast sums were expended on it, and the "House of Seti" became the largest of all the sanctuaries except the one built by the great Thothmes. In it were celebrated the services for the royal dead and the arcane rites of the gods. Here priests, astronomers, physicians and students of every branch of knowledge, were taught all the sacred and secular lore peculiar to that mysterious "Black Land."

There was an extensive library connected with the *Akademeia* to which the students had free access, and a paper factory for making the papyrus. According to Garrison, the famous Ebers Papyrus starts off with a number of incantations against disease. It then lists a number of maladies—describing them in detail—with their appropriate remedies to the number of 700. Garrison does not concede to the Egyptians any "special scientific advancement in the healing art" because of this extensive pharmacopoeia, however. He thinks "a few well-selected drugs, such as opium, hellebore, etc., employed by the later Greek physicians with skill and discrimination" show much greater therapeutic insight.

Garrison's preference for the Greek over the Egyptian skill in ancient medicine is further shown in the statement that "from the time of Hippocrates (460-370 B.C), Greek medicine advanced while the Egyptian remained stationary, and long before the Alexandrian period Egyptian civilization was at a stand-still, while in medicine Egypt was going to school to Greece."

The reason assigned for this by Garrison was that "later Egyptian medicine was entirely in the hands of the priests; while Greek medicine even at the time of the Trojan War would seem to be entirely free from priestly domination—surgery in particular being often practiced by Homer's warrior-kings."

It may be remarked incidentally that surgery at the time of the Trojan War—and for many centuries thereafter—was not as closely bound up with *materia medica* as it is at present. But since another medical narrator, Dr. Charles Loomis Dana of Cornell Medical College and ex-president of the N. Y. Academy of Medicine, also claims in *Peaks of Medical History* (1927) that "Hippocrates separated medicine from jugglery and witchcraft; and the Alexandrian and Hippocratic periods marked the gradual separation of the healing art from priestcraft"; it may be interesting and instructive to inquire somewhat closely into the historic grounds for such claims.

This is the more incumbent in that two very recent research workers in this field, Richard Hoffman, M.D., of New York in his *Struggle for Health* (1929), and Professor Howard Haggard of Yale in his *Devils, Drugs and Doctors* (1930), both declare that modern medicine comes from Greek medicine, apparently on the assumption that the healing art in ancient Greece was more rational, more scientific, and freer from entangling religious superstitions than in the rest of the ancient world.

Wilder, who does not appear to share the superlative admiration for the Greeks evinced by the other medical chroniclers, says: "Perhaps few people received more from other countries than did the Greeks, and none appear to have been more tenacious of the pretence that all their attainments originated with themselves."

Although Wilder admits that "Greece had not in the historic period a caste of priests like the Asiatic countries," yet he says that "none the less there were ministrants at the various shrines, and the *Æsklepiads* (physicians) were the traditional sons of Æsculapius, the god of healing, and constituted a special class officiating in the sanctuaries of the divinity and obligated to preserve his mysteries intact. They claimed to have occult knowledge which had been imparted by Æsculapius himself."

And it is a fact mentioned by all the early chroniclers that Hippocrates was the son of one of these priests of Æsculapius, attached to the temple of the god in the Island of Cos, and that he received his training in the temple-school. Wilder relates further: "Æsculapius, the supreme god of healing among the Greeks, although the name as well as traditions imply a Pelasgic origin, really originated beyond the Mediterranean. His Asiatic character is indicated by the symbol or totem that always accompanied him—the serpent twined around his staff. In all the East—in Africa and in aboriginal America—the healing art was denoted by this sinister figure, the coluber, the royal asp, the hooded snake or the rattlesnake."

The story in Genesis featuring the serpent as ministrant at the Tree of Knowledge in the Garden is in keeping with all the mystic serpent lore of antiquity, and Moses lifting up the "brazen serpent" for the stricken Children of Israel to gaze upon, was a witness to the fact that the Hebrews also revered this healing myth. "In Greece every *Asklepion* (temple of Æsculapius) maintained a living serpent as the simulacrum of the god, and his daughter Hygieia (Health) was represented holding a bowl from which a serpent coiled around her body was feeding. . . . The Tyrians depicted the altars with serpents winding round them and emerging from beneath, and whenever a new shrine was dedicated, a serpent was brought from Epidauros, the stronghold of Æsculapian worship." (Wilder).

A Roman legend typical of the veneration in the ancient world for the wisdom of the serpent as the emblem of occult life, is related by Ovid. When the Romans—"who got along without doctors for 600 years"—finally yielded to the encroaching vogue of the healing art, they sent an embassy to Epidauros to fetch an image of the god and some Asklepiads to teach them all the occult tricks. One of the serpents attached to the sacred shrine—so the legend ran—was observed making his way from the Temple to the city, and going aboard the Roman galley brought for the expedition. Later the serpent was seen debarking at an island in the River Tiber, whereupon the whole company debarked and a temple was immediately erected and consecrated to the god of healing. This shrine was greatly celebrated and the Emperor

Claudius decreed that all slaves healed at the place should become free. Such cures were recounted by Pliny, Galen and Ælianus.

Wilder says: "The Asklepiads continued in existence until the subversion of the ancient worship. The temples at Cnidos and Cos were closed by order of the Emperor Constantine." (He who forced Christianity on heathendom at the point of the sword.)

Wilder says further: "There is a tradition that Saint Hilarios destroyed the Æsculapian serpent at Epidauros. As the legendary lore of that period abounds with stories of Christian missionaries destroying serpents, we need only include this with the others—alike fictitious and alike engimatic."

Thus we are warranted in believing the age of Hippocrates (of whose character and teaching we shall say more in a later chapter), like all others in the ancient world, was marked by a mixture of learning and debased superstitions; and that astronomy and astrology, chemistry and alchemy, magic, divination, sorcery and soothsaying, arcane and religious rite met and mingled freely with a more or less respectable body of clinical knowledge in the practice of medicine.

The well-nigh universal belief among primitive peoples in the influence of the stars upon disease, made astrology a preferred study among the priest-physicians. Garrison related that "even as late as the Seventeenth Century, European doctors resorted to horoscopes before attempting an enterprise of moment—such as blood-letting, emesis and purgation. To let blood when the moon and tides were at full was bad practice in the Middle Ages." He says further: "Moonshine was supposed to be potent alike in causing lunacy, conferring beauty, or curing warts and diseases. Health, strength and sexual power were supposed to vary with the waxing and waning of the moon."

Wilder relates that "during the reign of Cheops—builder of the great pyramid at Gizeh—there was found in a sacred niche of the goddess Mut a formula for the treatment of wounds. *It was perceived in the moonlight* by a ministrant of the shrine and brought to the king as a precious discovery."

Sculptors on the temple-walls at Memphis showed the Egyptian pastiphori making use of animal magnetism in their work; and both Egyptian and Grecian temples were provided with sleeping chambers for the accommodation of patients while in "the hypnotic sleep." That all the early practitioners employed massage and some kind of manipulative technique, admits of no doubt.

With the coming of Christianity and the overthrow of the pagan religions, the bones and relics of saints and archbishops took the place of savage totems and crude emblems as curative agents. And the one was found to be as effective as the other, countless cures being ascribed to each, and upon as authentic testimony as is offered today for the curative claims of the various therapies of the healing art.

The voodoo idea in healing has persisted throughout the ages and, as we shall presently see, survives today in the most approved and acclaimed "scientific methods" of Nordic Medicine.

CHAPTER II

The New Necromancy

The subcutaneous injection of protein matter and animal disease-cultures as a means of warding off hypothetical maladies—something which might attack you in the future—is called in modern medical nomenclature "preventive medicine." It marks the departure from the charms and incantations of the ancient healing rites to the modern voodooism instituted by Jenner and Pasteur.

The old-fashioned doctor with his pills and potions was trying—however misguidedly—to make the sick well. The new dispensers of "immunizing" vaccines and serums are bending their energies to the reverse objective of making the well sick. The good results which sometimes appear to follow this bizarre procedure rest upon a perfectly sound therapeutic principle; but since this is little understood, and the inoculators themselves do not recognize it, but ascribe their good results—as well as their disastrous ones—to other and quite different agencies, we will defer discussion of this to a later chapter, and consider first the history and analysis of this queer survival of an ancient superstition.

There are traditions of inoculation against smallpox being practiced in China and India centuries before Christ; and early African explorers relate a form of inoculation against the bites of poisonous snakes and insects, practiced by the natives, by mixing the venom with vegetables and rubbing it into an incision on the skin. But the earliest authentic records of smallpox inoculation come to us from England.

All the chroniclers agree that Lady Mary Wortley Montagu, wife of the British ambassador to Turkey in the early part of the Eighteenth Century, became the bright particular harbinger of "one of the greatest triumphs in the history of medicine," or "one of the greatest scourges of the human race,"—according to which side of the vaccination controversy you may have hitched yourself to.

Anyway the story goes that Lady Mary sent the glad tidings from the seat of the Ottoman Empire to a friend in London in a letter which ran as follows:

> Apropos of distempers, I am going to tell you a thing that I am sure will make you wish yourself here. The smallpox, so general and so fatal among us, is here entirely harmless by the invention of ingrafting which they term inoculation.
>
> There is a set of old women who make it their

> business to perform the operation every Autumn in the month of September when the great heat is abated. . . People send to one another to know if any of their family has a mind to have the small pox. They make parties for this purpose, and when they are met (commonly 15 or 16 together), the old woman comes with a nut-shell full of the matter of the best smallpox and asks what veins you are pleased to have opened.
>
> She immediately rips open that you offer to her with a large needle—(which gives you no more pain than a common scratch) and puts into the vein as much venom as can lie upon the head of her needle, and binds up the wound with a hollow bit of shell, in this manner opening four or five veins . . . The children or young patients then play around and keep in perfect health until the eighth day.
>
> Then the fever seizes them and they keep their beds two days—seldom three. They have rarely more than twenty or thirty pustules on their faces, which leave no mark, and in eight days they are as well as before their inoculation . . . Every year thousands undergo this operation, and the French ambassador says pleasantly that they take the smallpox here by way of diversion, as they take the waters in other countries!
>
> There is no example of any one having died in it, and you may believe I am very well satisfied of the safety of the experiment since I intend to try it on my own dear little son. . . I am patriot enough to take pains to bring this useful invention into fashion in England, and I should write to some of our doctors about it if I knew any one of them with virtue enough to destroy such a considerable branch of their revenue for the good of mankind . . . Perhaps if I live to return, I may, however have courage to war with them. Upon this occasion, admire the heroism in the heart of your friend! *

Anti-vaccinists will see a peculiar fitness in the picture of the old crone bringing the vaccinating virus in *a nut-shell.* Nevertheless Lady Montagu's efforts to introduce this queer oriental custom into her own country, though encountering some opposition in the beginning, resulted eventually in having the arm-to-arm inoculation for smallpox very generally accepted. Concerning its tentative stages Hoffman says: "Experiments were made on criminals who were promised pardon if they submitted. Then the method was introduced in the orphanages, and eventually the royal children themselves were inoculated. Heated controversies developed on all sides. Yet in spite of the fact that many people regarded inoculation with fear and suspicion, more and more were submitting to the practice."

Incidentally we note that the inmates of jails and orphanages have ever been considered fair game for medical experimentation, and while the criminals were "promised pardon if they submitted"—according to this historian—the orphans and foundlings received only the doubtful satisfaction of "making a contribution to science," and were rewarded in some instances with blindness, lameness and death.

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* From Hoffman's *Struggle for Health,* 204.

The new method for conferring immunity against smallpox in England did not meet the strenuous opposition from the medical profession which its fair sponsor had anticipated. Perhaps they discerned what some of our more recent immunizers have discovered, that so far from curtailing their revenues—which was the ground of Lady Mary's fears—"prevention practiced to the utmost *will create more work for the physician,* and not diminish it . . . There will be more vaccination, more immunizing, more consulting and use of the physician. His services will be increased many fold . . . Less than 15 percent of all children would ever get diphtheria even under epidemic conditions, while 100 percent are prospects for toxin-antitoxin. The percentage who would ever get smallpox under present time conditions, is even less, but 100 percent are prospects for vaccination, etc." *

It cannot have escaped the observation of the 18th and 19th Century vaccinators—any more than the 20th Century "immunizers"—that everybody didn't come down with smallpox even in times of epidemics; but that practically everybody might be frightened into getting themselves vaccinated; and that the vaccination fees plus the physician's attendance upon the illness superinduced by the operation—sometimes quite serious—would net the medical profession much greater revenue than accrued from ordinary practice upon those who would normally contract smallpox.

Hence we find the Royal College of Physicians in London in 1754 passing the following resolution:

> The College having been informed that false reports concerning the success of inoculation in England have been published in foreign countries, think proper to declare their sentiments in the following manner: That the arguments which at the commencement of this practice were urged against it have been refuted by experience; that it is now held in greater esteem by the English and practiced among them more extensively than it ever was before; and that the College thinks it to be highly salutary to the human race.

Notwithstanding this high official endorsement however, it was becoming increasingly evident to thoughtful observers—both lay and professional—that the arm-to-arm inoculation was helping to spread smallpox. The more conscientious physicians were beginning to sense the connection between this form of inoculation and the more frequent appearance of other and worse diseases than smallpox, and a few courageous voices in the profession were outspoken in charging that such blood diseases as erysipelas, syphilis and tuberculosis were transmitted through the arm-to-arm inoculation.

The unpopularity of this practice paved the way for Jenner's entry upon the scene with his cow-pox prophylactic, which was welcomed on all sides as a grateful substitute for

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* From address by Dr. Mather Pfeiffenberger, president of the Ill. Med. Soc. before Annual Health Officers Conference at Springfield, Dec. 3rd 1926. Published in "Illinois Health News" for January 1927.

Lady Montagu's Eastern importation. According to a statement in the Journal of the Royal Sanitary Institute (Vol. XLVIII, No. 4), 1927, by Councillor W. Asbury, Chairman of the Health Committee of the Sheffield City Council, "It has been calculated that from 1721 to 1758 smallpox inoculation was responsible for the deaths of no less than 22,700 persons from smallpox in London alone. It is not therefore surprising that when Jenner proposed that smallpox inoculation should be given up and cowpox inoculation substituted for it—thus covering the retreat of the profession from an untenable position, his ideas were accepted by all whose interests were not inseparably bound up with the older form of treatment."

From this authority and from other historians of the period, however, we learn that the original cowpox used by Jenner was a filthy disease with loathsome characteristics; and but for the fact that two London doctors, Woodville and Pearson, modified it in a way to produce a milder strain, Jenner's invention might have gone the way of Lady Montagu's importation—and even more quickly.

As a matter of fact, Jenner cannot be accredited with original discovery in the matter of cowpox inoculation, since all the chroniclers name Benjamin Jesty—a Dorsetshire farmer—Plett, a teacher, and Jensen, a Holstein farmer, as "successful experimenters" in the field of cowpox vaccination several years before Jenner's first inoculation upon the 8-year-old boy, James Phipps. And Dr. Garrison says in his *History of Medicine* (p. 374): "It had long been a countryside tradition in Gloucestershire that dairy-maids who had contracted cowpox through milking, did not take smallpox, and similar observations had been noted in Germany and France."

Garrison likewise names Jesty, Plett *et al.,* as Jenner's predecessors in the cowpox experimentation, but differentiates them in the words: "All these efforts were 'as an arrow shot in the air or a sword-stroke in the water.' The merit of Jenner's work rests upon the fact that, like Harvey, he started out with the hope of making his thesis a permanent working principle in science, based upon experimental demonstration, and he succeeded to the extent of carrying his inoculations successfully through several generations in the body, and above all in overcoming the popular aversion to vaccination."

Another medical historian, much closer to Jenner in point of time and location than Garrison, Edgar M. Crookshank, Professor of Comparative Pathology and Bacteriology at King's College, London, gives quite different testimony as to the scientific character of Jenner's work. On reading for the first time the paper which Jenner sent to the Royal Society entitled: *An Inquiry into the Causes and Effects of Variolae Vaccinae (Cowpox),* Crookshank says: "I was so struck by the contents of this paper, and the small amount of evidence on which Jenner had first ventured to propose the substitution of cowpox inoculation or vaccination, for the old system of smallpox inoculation or variolation, that I was induced to look carefully into the life of Jenner as contained in Baron's biography, and in the correspondence and articles on the subject in contemporary medical and scientific periodicals."

The result of this "careful looking" into Jenner's life and work, was the publication of a two-volume work entitled *The History and Pathology of Vaccination* by Crookshank, which brought out so many incriminating facts against the cowpox immunology that it is very difficult at this day to find a copy. Medical libraries for the most part have ruled it off their shelves, and rarely may one stumble on it in an old private bookcase.

Yet Crookshank was one of the most outstanding bacteriologists and scholarly physicians of his time, and the authenticity of his facts of record cannot be questioned. In the preamble to his *History and Pathology of Vaccination* (1889), he says: "While attending at the National Vaccine Establishment of the Local Government Board, I was unable to obtain any exact details, clinical or pathological, of the source of the lymph which was employed there. From my experience of this and other vaccination stations I found that both official and unofficial vaccinators were completely occupied with the *technique* of vaccination, to the exclusion of any precise knowledge of the history and pathology of the diseases from which their lymph stocks had been obtained."

From other sources of information however—from the writings of such authorities as Sir William Collins, physician-in-chief to St. Bartholomew's Hospital, London, (1866); Dr. Edward Ballard, one of Her Majesty's Vaccine Inspectors in 1868; Dr. Chas. T. Pearce (1871), for many years Registrar-General of England; Dr. Charles Creighton, Professor of Microscopic Anatomy at Cambridge and author of *Epidemics of Great Britain* and of *Jenner and Vaccination; a Queer Chapter in Medical History*—Crookshank found abundant support for his own findings which identified cowpox with human syphilis more nearly than any other known malady. In his testimony before the Royal Commission—appointed to investigate vaccination in 1889, the year his *History and Pathology* was issued—Professor Crookshank stated: "We have no known test by which we can possibly distinguish between lymph which is harmless and one which might be harmful to the extent of communicating syphilis."

The connection between vaccination and syphilis, however, has ever been a red rag of controversy, and even the authorities who were agreed as to their concomitance, were at odds as to the real nature and origin of post-vaccinal syphilis. We will therefore defer the consideration of this interesting phase of vaccination till a later chapter, and resume for the nonce the historic thread of Jenner's discovery.

It is recorded that Edward Jenner, a country pharmacist and surgeon of Berkeley, accepted as the basis of his experiments the Gloucestershire legend that any one who had had cowpox would never have smallpox. With no clear knowledge of cowpox, he assumed that it was the same thing in cows as smallpox in people, and curiously enough, he traced both back to "horse-grease"—a foul, purulent affection of horses' hocks. He is accredited with having used for his vaccine stocks, cowpox, horse-grease, swinepox—any old pox, in fact, and with having inoculated his patients with matter from each indifferently.

Pathologists of Jenner's time—and much later—severely criticized the reputed founder of vaccination for his failure to differentiate these various disease lymphs; but since this was 75 years before Pasteur promulgated the "causative germ theory" as the one and only infallible means of differentiating diseases, it would seem that Jenner may be pardoned for his somewhat loose diagnosis in the matter of his vaccinating lymphs.

It is further related by historians of that period, that in May 1796, Jenner chanced upon a milk-maid named Sarah Nelmes who had contracted cowpox in the casual way, and from a pustule on her hand he took the matter with which he inoculated a small boy named James Phipps, described by the Jennerian chroniclers as "a healthy lad of eight years." This was the first authentic vaccination performed by Jenner, who thus linked with his subsequent fame the names of these two obscure individuals, and furnished another instance of Carlyle's observation: "By what strange chances do we live in history!"

The milk-maid, Sarah Nelmes, after contributing the precious contents of her pustule, fades out of the Jennerian picture; but James Phipps, the healthy small boy, reappears later—to point the moral of another sort of vaccination tale. Eager to witness the result of his experiment, Jenner inoculated this boy with smallpox lymph two months later, and when he failed to develop smallpox, this was acclaimed as proof triumphant of the immunity conferred by the cowpox inoculation.

This boy, James Phipps, became a sort of running target for the smallpox inoculators for a number of years it appears, until he died of tuberculosis in his early twenties. In Baron's *Life of Jenner,* (Vol. 2, p. 304), the author relates that while walking with his friend one day they passed young Phipps, when Jenner exclaimed: "Oh, there is poor Phipps! I wish you could see him. He has been very unwell lately and I am afraid he has got tubercles in his lungs. He was recently inoculated for smallpox, I believe, for the twentieth time, and all without effect!"

This was before the vaccination experiment had gone far enough for any extended observation of the cumulative effects of repeated inoculations manifesting as other forms of disease; and it was not to be expected that the founder of the new smallpox prophylactic should tie it up with pulmonary tuberculosis as cause and effect. The jubilant note of self-gratulation in his remark to Baron reflects his perfect satisfaction that he had prevented the Phipps boy from ever contracting smallpox, a disease which Thomas Suydenham—who is accredited with being the first man to differentiate it from other eruptive fevers and give it a name—pronounced "one of the most harmless and easily controlled of diseases if it be uncomplicated with ignorant treatment by doctors and nurses."

And—if young Phipps, having been "saved from smallpox," *must* have tuberculosis after that, why that was just too bad—Jenner's skirts were clear. There is no reason, however, to doubt the sincerity of Jenner's faith in the truth of his invention, bearing in mind always Bernard Shaw's dictum that "faith may be manufactured in any degree of magnitude and intensity—not only without any basis of fact or reason, but in open contradiction of both—simply by a *fervent desire* to believe, coupled with *a personal interest in believing."*

Further evidence of Jenner's sincerity is afforded in the fact that several years before he experimented on the Phipps boy he had inoculated his own infant son—whom Hoffman tells us "he loved devotedly"—with swinepox, and with the same unhappy sequel, as—according to the same authority—he lost this son at the age of twenty-one.*

This incident—Jenner inoculating his son with swinepox—has been preserved in bronze by later votaries of the vaccinating cult, and pictures of it are scattered throughout medical literature—coupled with the highest encomiums of Jenner and his "discovery." Thus Hoffman in *The Struggle for Health* says: "The most eloquent tributes to his memory are the lives that his monumental discovery has been instrumental in saving, and the principles that he advocated shall ever add luster to his name as a successful pioneer in the field of protective inoculation against disease, and as one of humanity's greatest benefactors."

Dr. Dana says in *Peaks of Medical History* (1927): "Of the great events in the 18th century, none was so laborious in its accomplishment, or so grand in total results, as the discovery of vaccination. . . . Through opposition, financial losses, misrepresentation and ridicule, Jenner bravely and at last triumphantly struggled, confident that through him a horrible and destructive pest would be removed from society. And he died with the nobleness of his character and the greatness of his discovery universally acknowledged."

And this from the latest champion of "preventive medicine," Professor Haggard in his *Devils, Drugs and Doctors* (1930): "The application of the facts presented in Jenner's pamphlet has probably saved more lives than the total of all lives lost in war."

Dr. Garrison—whose *History of Medicine* is handed out as standard in all medical libraries—while he affirms the orthodox medical faith in vaccination as a specific prevention of smallpox, is far more temperate in his praise of its historic founder than some of the other eulogists. Nevertheless, he accredits Jenner with "carrying his inoculations successfully through several generations in the body, and above all *in overcoming the popular aversion to vaccination."*

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* The Struggle for Health, p. 212.

Garrison likewise speaks admiringly of Jenner's kindness to James Phipps in his last illness—of his building a cottage and planting a rose garden for him; but he very carefully refrains from mentioning the nature of young Phipps's malady or any possible connection it might have with the numerous inoculations he had received.

At the time that Jenner lived and wrote, William Osier—though an advocate of vaccination—had not sponsored the statement: "With the greatest care certain risks are present . . . A quiescent malady may be lighted into activity by vaccination. This has happened with congenital syphilis, also with tuberculosis." *

And it was a hundred years after Jenner's day that Dr. E. C. Rosenow, an experimenter at the Mayo Clinic, jotted into the *Mayo Collected Papers* (Vol. II, p. 920) that he found "the serums injected into guinea pigs tended to localize in the lungs"; and that the Surgeon-General of the U. S. Army innocently recorded (1918-19 Report) that "for all officers and enlisted men, Americans and native troops in all countries where United States troops were serving, tuberculosis of the lungs was the leading cause for discharge; and among American troops at home and abroad there were 31,106 hospital admissions for pulmonary tuberculosis, with 1,114 deaths, in the period of this country's participation in the World War."

As every one knows, the world has never witnessed such an orgy of vaccination and inoculation of every description as was inflicted by army-camp doctors upon the soldiers of the World War. Join with this the fact that the amazing disease and death toll among them occurred among "the picked men of the nation"—supposedly the most robust, resistant class of all, who presumably brought to the service each a good pair of lungs, since they must have passed a rigid physical examination by competent medical men. Add to these the further fact, that the highest death-rate from tuberculosis, and the greatest discharge from the army because of tuberculosis, were among American troops in the camps at home who never got across the seas and whose disabilities could not therefore be chargeable to gas-bombs and trench war-fare—and the case against the "immunizing" hypodermic as the author of their woes is pretty complete.

Jenner, who died in 1823, was happily spared this and the many other bleak facts which piled up to thwart and mock his theories in the century following his death. But the same powerful interests which in his day sensed the professional and commercial advantages in the fetish of vaccination, and rallied to its defense, are still on the job—as the above cited modern eulogists clearly enough indicate.

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* Principles and Practices of Medicine, p. 330. 8th ed. 1918.

It may be interesting and instructive—and might be amusing were not the consequences so ghastly—to compare the early and later pronouncements by the supporters of the Jennerian cult. According to Crook-shank, "the facts presented in Jenner's pamphlet"—which Professor Haggard so recklessly opines had "saved more lives than the total of all lives lost in war"—when sent to the Royal College of Physicians, were so little convincing to that august body that they refused to print it in their *Transactions,* and returned the famous *Inquiry* to its author with the kindly admonition not to discredit his former papers on natural history with the absurdity of the *Variolae Vaccinae!* *

As soon, however, as he had collected 23 cases similar to the Phipps boy's, Jenner published his *Inquiry Into Causes and Effects of Variolae Vaccinae* independently as a pamphlet in 1798. By 1800, with the powerful assistance of the two London physicians, Pearson and Woodville, and aided by certain others, it is recorded that "33 of the most eminent physicians and 40 distinguished surgeons of the metropolis" had affixed their signatures to Jenner's declaration that "one inoculation of cowpox on the human frame will render the person thus inoculated secure from the infection of smallpox throughout his entire life; and that the operation is attended with the most perfect ease and safety." (It will be noted that this assurance of lifelong immunity and safety was made *within four years after the first vaccination.)*

With this high endorsement, things moved rapidly for the protagonist of cowpox inoculation. In 1800 the Duke of York introduced it into the Army, and in that same year the King granted an audience to Jenner. In 1801 the British Navy struck a medal in his honour, and he was given the freedom of London, Dublin and Edinburgh. He was elected mayor of his native town of Berkeley, and Oxford granted him an M.D. degree. In 1806 the Royal College of Physicians—after mature deliberation—endorsed the Jennerian idea they had previously scorned, and condemned the old practice of smallpox inoculation they had formerly blessed—in 1754.

Jenner sent his first petition to Parliament for a monetary reward in 1802, and the House of Commons—by a vote of 59 to 56—awarded him £10,000. In 1807 they gave him a further grant of £20,000—by a vote of 60 to 47—totaling nearly $ 150,000 of American money. Governments and Royalty appear to have been peculiarly susceptible to enthusiasm for the new vaccinating therapy. France, Germany, Italy, Spain, Russia and the United States followed England's lead in sponsoring the Jennerian prophylaxis. The Empress of Russia in 1811 presented Jenner with a diamond ring, had the first child vaccinated in her empire christened "Vaccinoff," and ordered him pensioned for life! Kubler says that "the news of Jenner's teaching spread from land to land almost like a tempest."

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* Hist. and Path. of Vac., p. 138.

The effect of all this was to lift the author of vaccination from the position of an obscure country surgeon into one of affluence and world-wide fame rather suddenly; and in the light of these undisputed facts of record, it is a bit difficult to understand Dr. Dana's melodramatic talk about Jenner's "brave struggle through opposition, financial losses, misrepresentation and ridicule," in his *Peaks of Medical History.*

Dr. Dana also essays to give a romantic and heroic touch to another episode in Jennerian annals, which according to Crookshank admits of quite a different interpretation. Dana says: "When his discovery had been laid before the world and its reliability nearly established, a London physician sent him word to come up to that city and make £50,000 a year. . . . Jenner, though a poor country physician, refused this offer which meant essentially that he should sell his discovery."

Crookshank says Jenner's refusal of this tempting offer has a very different explanation, and he quotes a letter from Jenner to the friend who proposed it which proves that "Jenner preferred retirement in the country because *he knew that his theory would be rigidly tested in London,* and he was not prepared to face failures." *

In 1840 vaccination was made "free" in England to all who would accept it, or as they say in that country, "it was put on the rates." In that same year the old practice—introduced by Lady Montagu—was forbidden by law. That which had once been hailed as a blessing, was now made a penal offence.

CHAPTER III

Natural vs. Artificial Immunology

Before pursuing further the subject of theoretical, artificial immunology and its effects on the human race, let us devote a little space to the physiological principle underlying both the artificial immunity, and the natural immunity which lends a semblance of truth to the former, and which has enabled it to become a permanent feature of regular, orthodox medical practice.

Every one has observed that after recovery from an acute illness—accompanied by fever of any kind—the recovered patient will often appear more robust than before, and for some time thereafter remain immune to a second attack. But not every one understands that this phenomenon rests on the physiological principle of "vicarious elimination"—resulting from a "toxemic crisis"—which is in every instance a cleansing, curative process.

To make this clearer: *Toxemia,* from two Greek words meaning "poison" and "blood," is the condition arising from an excess of toxins in the blood—normally resulting from retained body wastes, rarely, it may be, from bacterial infection. When this toxemia reaches the saturation point, it is called, in the terminology of nature-cure, a "toxemic crisis" when there is precipitated the "vicarious elimination" which we know as "disease."

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* Hist. and Path. of Vaccination, p. 142.

It is the friendly reaction of the Life Force inside of us, which, sensing the presence of danger in excess toxicity, is seeking to drive the poison out through some vicarious channel, different from the regular organs of elimination and depuration. And because it is an unusual, unaccustomed channel, the elimination is attended with discomfort—with pain, swelling, inflammation and fever. These are merely nature's house-cleaning signals—the outward signs of the inward purging—which doctors call "symptoms."

For thousands of years they have been directing their efforts toward correcting these *symptoms,* with scant attention paid to the underlying *cause,* which when properly understood rebukes such efforts as both futile and harmful. A proper knowledge of the cause of disease-symptoms—and primarily there is only one basic cause, *toxemia*—coupled with the desire and the will to *remove that cause,* is all that is necessary to restore the sick to normal health.

A little independent thinking by any intelligent layman capable of it, will convince him of the truth of this. We all know that the business of living, physiologically, is accompanied by manufacturing and expelling poisons; that in the ordinary processes of digesting and assimilating food, in the accumulation of cell-debris from daily wear and tear of the tissues—as well as in the indulgence of unhappy, negative emotions, like fear, worry, anger, jealousy and hate, very deadly poisons are liberated in the system, which if not promptly and thoroughly eliminated, will produce disease and probable death.

In any fair concept of health and disease, when our daily living habits are ordered in accordance with hygienic law; when the ordinary, every-day things like eating, exercising, breathing, bathing and thinking-are done intelligently in obedience to natural law, the elimination of body wastes is efficiently and sufficiently carried on through the four regular channels of elimination—bowels, kidneys, pores and lungs. But if through faulty living habits, enervating habits of over-stimulation—whether in work or play, food or drink—these regular organs of depuration become clogged up and refuse to function, then the instinct of life-preservation within us—what we might call the *physiological expression of the will to live*—makes an extra effort to hold on to its tenement of clay by selecting some vicarious channel—such as the skin or the mucous membrane—for getting rid of its toxic encumbrance.

Sometimes the vicarious elimination will take the form of an eruptive fever—measles, chickenpox, smallpox; again it may manifest as a boil, a carbuncle or a cancer; yet again as influenza, pneumonia, tuberculosis, or simply as a bad cold. The elaborate disease nomenclature of the medical profession is predicated on the various manifestations of the toxemic crisis, according to the part of the body which furnishes the outlet for the cumulative poison, and the degree of violence in the reaction of the Life Force.

But in every case of acute illness—regardless of what name the doctors may give it, or the etiological changes they may ring on it—the immediate, underlying cause, is *a crisis of toxemia,* whose outward expression by a vicarious exit is creating the unpleasant symptoms. *Remove the cause,* and presto! the unpleasant symptoms will automatically disappear.

But in disappearing by the natural, "vicarious-elimination" route, instead of by the suppressive, paralyzing tactics of orthodox medicine, every acute malady becomes a cleansing, healing agent for the body afflicted with it. The aftermath of illness treated by natural methods is a state of *internal cleanliness* which is the only real prophylaxis—the only reliable immunity. But let it be clearly borne in mind, that *the immunity is provided by the cleanliness,* and whenever this is not maintained, but toxemia built in its stead by enervating living habits, there will come another "toxemic crisis" which will precipitate another attack of disease.

That branch of the healing art which arrogates most learning and scientific skill—the so-called "regular," allopathic school of medicine—is wont to treat with contempt and derision the system which relies entirely upon the restorative forces of the body and the natural methods most favorable to the free play of such forces. It is, of course, diametrically opposed to the orthodox medical conception of disease as an *entity*—something which invades the body from without, instead of *a condition generated from within*—and that it must be combated and "stamped out" with another entity—a drug, a serum, or a surgical operation.

Herein lies the essential, basic, irreconcilable difference between the philosophy and tactics of natural curing, and the theory and practice of regular medicine. One follows the body's lead to "throw the poison out"—and all its methods are eliminative; the other combats, aborts and thwarts the body's natural reactions—and all its methods are suppressive. Suppression is the antipode of elimination.

For example, one of the early bodily reactions in illness is distaste for food; and total abstention from food in such a crisis is a lesson we may learn from sick animals, whose natural instincts are a much more unerring guide in the matter than ours, which have been perverted by suppression. Fasting in illness until the worst symptoms subside and normal hunger appears, is, therefore, one of the first requirements of natural healing. The orthodox medical man, on the other hand, enjoins feeding the sick "to keep up their strength"; ignoring the plain physiological truth that it is not the mere presence of food in the stomach that gives strength, but its disgestion and assimilation. When the digestive organs—because of the general toxemia that pervades the system—go on a strike and refuse to function, manifestly an inert mass of food in the stomach, so far from contributing strength, becomes a source of weakness, for it simply lies there and putrifies, thus adding to the general toxic condition of the patient.

Again the exponents of natural healing see no cause for alarm in the pain, the swelling, inflammation and fever—or other distressing symptoms which inevitably accompany the "vicarious elimination" of systemic poison; and they never seek to abort or suppress them, but only to allay them to the toleration point—or below the danger line.

This may be accomplished by giving the patient absolute rest—physical, physiological, and mental, while waiting for the natural come-back of the Life Force. The body cures itself where there is any cure, and the only outside assistance it needs or can make use of, is supplied by the mechanics of good nursing. For physical rest, make the patient comfortable in bed, release all physical strain or tension; for physiological rest, stop all food-intake, to stop the further manufacture of systemic poison from that source, and allow the alimentary tract to assist in the work of elimination and detoxication.

Flushing the system with copious water-drinking is an excellent aid to the body's house-cleaning efforts, which we call "disease."

The "Nature Cure" precept to "do nothing, and do it intelligently," is frequently quoted derisively from a lack of understanding of its meaning. It may be interpreted as doing nothing to arrest or retard vicarious elimination until it has achieved its purpose of internal cleansing of the body; and by the application of such "simples" as above enumerated, as placing the body in the most favorable condition to effect its own self-regeneration.

Orthodox medical men on the other hand believe in doing every thing possible to retard and arrest the bodily house-cleaning, by attacking the symptoms of disease. With a drug or serum they try to stop the pain, bring down the blood-pressure, and reduce the fever. By so doing, they not only hold up the vicarious elimination of systemic poison, but they add to it the poison of the drug or the serum, thus putting a double burden on the body's detoxicating organs. In the partial paralysis of nerve-centers by drug pain-killers, regular medical practice cripples another essential to healthy bodily functioning—the free play of nerve currents.

Hence we see the inherent conflict between the philosophy of natural healing and natural immunology, and the theory and practice of regular medicine. The latter attacks effects—symptoms—and disregards the cause; the former disregards effects largely, and goes after the cause. It is obvious that disease—which is only a symptom—cannot be its own cause; and it is equally obvious that if the cause is removed, the effects will disappear of themselves.

The school of healing which is founded on this conception of disease as vicarious elimination and self-curative, took its rise in Europe—chiefly in the Germanic countries—about one hundred years ago, although the crucial idea in it is much older than that. It is the *vis medicatrix naturae* of the ancient healing world, and traces of this teaching are found in the works of Hippocrates, Paracelsus, Suydenham and Paré. Among moderns in regular medicine who have recognized and made use of this principle, are such men as Alexander Haig, Robert Bell, and Sir Wm. Arbuthnot Lane in England; and in America, Richard Cabot, Wm. F. Koch, Wm. Howard Hay, and Dr. Charles Page of Boston. Sir Arthur Keith of Aberdeen, Scotland, gave expression to it in a memorable formula: "Only Nature can repair the machines which Nature has made."

Yet while orthodox medical men do not as a rule recognize disease as "vicarious elimination," they unconsciously rely upon this principle in their vaccine-serum practice. For what is true of acute illness of natural incidence, likewise applies to artificially induced sickness through vaccine-serum inoculation. In each case the Life Force resents, as it were, the presence of poison in the system—whether it be generated from within or injected from without—and makes an extra effort to throw it out, either through the regular eliminative organs or vicariously through some unaccustomed channel.

In the case of injected vaccine or serum poison, if the Life Force is strong enough and the regular organs of elimination are functioning properly, the poison will be carried out of the system normally and there will be no visible effect. It is then they say "the vaccination failed to take," and the custom is to repeat the operation at intervals until the blood becomes so surcharged with poison that the body is unable to expel it through the regular channels and throws it out vicariously.

If this vicarious elimination of the vaccine poisoning is accomplished through the skin at the vaccination site, it will manifest merely as a sore arm under the most auspicious circumstances; or it may manifest—as not infrequently happens—in a general eruption all over the body, which last manifestation is variously named according to the diagnosing temper of the attending physician, but in any case it is then he says "the vaccination takes."

Dr. Makuna in his *Vaccination Inquiry* (published in 1883) says: "Of 384 replies from medical men that are published, there are recorded 53 cases of syphilis, 126 cases of erysipelas, 64 of eczema, 22 of erythema and 9 of scrofula, as a result of vaccination, according to the opinions of these doctors."

Other post-vaccinal symptoms named by medical men as immediate *sequelae* of vaccination, are: tetanus, jaundice, generalized vaccinia, boils, ulcers, glandular abscess, local gangrene, impetigo, sore throat, etc., which are listed in a standard text-book called *A System of Medicine* and edited by two eminent English professors, Dr. Clifford Allbutt and Dr.

H. D. Rolleston (1896). More recently, diphtheria, cerebrospinal meningitis, infantile paralysis and encephalitis have been observed to follow vaccination in such close sequence as to leave little doubt as to their logical connection.

From the foregoing it is apparent that these various postvaccinal ailments are dependent on the individual's reaction to the injected poison; and that this individual reaction in turn depends on two things: the degree of toxicity of the individual's blood-stream and the strength of his vitality, both of which are problematical. In other words, the injector of these vaccine-serum poisons is gambling with two vital factors concerning which he has not—nor can have—any definite, positive knowledge.

It may happen—it frequently does happen—that these disease inoculations will have no immediate, outward ill effects. Indeed, if "the will to live" is strong enough to expel not only the inoculated filth, but along with it some of the body's own morbific accumulations, the resultant internal cleanliness will be a benefit instead of an injury; and there is an apparent justification of the vaccine or serum inoculation. The justification is more apparent than real, however, since the same good result would have been attained by reforming the living habits in a way to facilitate natural elimination; or, failing this, by waiting for the natural physiological reaction to the "toxemic crisis" which is sure to follow any protracted violation of hygienic law.

It is common-sense reasoning which any lay intelligence can grasp, that a human body can better take care of poisons of its own manufacture through natural physiological processes, than of some foreign protein matter extracted from diseased bodies of animals. The whole idea of inoculation is opposed to common-sense, sanitation, and physiological law. Nature does not put anything directly into the blood-stream from the outside. Anything to get into the blood naturally must pass through the mouth, the stomach—through the entire alimentary tract—and be strained through the capillaries before it becomes a component part of the vital fluids which build the tissues of men and animals.

For the counteraction of any toxicity generated within the body, Nature has provided the endocrine glands whose ductless secretions are the poison destroyers and stabilizers in metabolism. To shield the blood—upon whose integrity health metabolism depends—from outside contamination, it has been hidden away beneath the skin—"the body's first line of defence," in the words of a famous English physician. To pierce this outer defence and inject into the life-giving blood-stream the filthy concoctions of animal disease cultures is, in the language of the same authority, "blood assassination and like a murderer's knife; and this amazing act is the homicidal insanity of the medical profession." *

The claim of the inoculators that the injected vaccine or serum creates "anti-toxins or anti-bodies" to combat the

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* Dr. James J. Garth Wilkinson in *Human Science, Good and Evil,* p. 35.

systemic poison, which is based on Ehrlich's doctrine of the defending entities, is purely a medical hypothesis—unproved and unprovable. Dr. Walter Hadwen, a well-known English authority who lectured in the United States in 1922, said: "Nobody has ever seen the anti-toxins or anti-bodies at work. They have never been isolated or shown in a test-tube. 'Science' says they are there, and you must accept it if you can."

Among eminent medical authorities who refused to accept Ehrlich's theory and the immunology based on it, were Sir Lawson Tait and Dr. Beckingham, Sir Henry Maudesley, Dr. Henry Bastian, and all the later school of bacteriologists who followed Béchamp's—and rejected Pasteur's—teaching about germs. A prominent opponent of the Metchnikoff doctrine of the phagocytes in America was Dr. Thomas Powell of Los Angeles; and in England in recent years, Sir Almroth Wright disclaimed it.

The claim of the vaccinators that a mild attack of disease affords immunity for awhile from a more severe attack, is perfectly valid, and furnishes good enough proof of the contention that disease is merely "vicarious elimination" and therefore cleansing and curative in its operation. But the vaccinators have yet to show that the various manifestations of "vaccinia" can be classed as "mild diseases," and that they are not more deadly than the malady they are designed to avert.

Any one who doubts this should investigate the records of smallpox and vaccination in every country where the latter has been tried out. Medical records, if you please, because only medical men are permitted to compile vital statistics; and juggled as these have been in many instances to serve the vaccinator's needs, they still furnish the conclusive answer to the claims of provaccinists.

We will now take a look at the practical workings of vaccination in various areas of the earth since Jenner introduced it into England one hundred and thirty-nine years ago. The greatest ethical teacher of all times said: "By their fruits ye shall know them."

CHAPTER IV

Just What Is the Smallpox Vaccine?

In a previous chapter we quoted Dr. Crookshank, at King's College, London, as saying, "While attending at the National Vaccine Establishment, I found that both official and unofficial vaccinators were completely occupied with the technique of vaccination to the exclusion of any precise knowledge of the history and pathology of the diseases from which their lymph stocks had been obtained."

A generation later, William Osier in his *Modern Medicine,* said: "It would be of great scientific interest and some practical value, to have records of all vaccination strains. But as it is, manufacturers often do not know—or are unwilling to state—the source and nature of their vaccine supply."

In 1912, Dr. W. F. Elgin, head of the H. K. Mulford Laboratories near Philadelphia, was called as a witness before the Pennsylvania Vaccination Commission and asked: "What is the original source of the strain or strains of virus you use?" And he answered: "I do not know."

This same manufacturer, who described his plant as "the largest and most complete in the world—making the only vaccine awarded a medal in the World Columbian Exposition," sent the following letter to Dr. J. W. Hodge of Niagara Falls, N. Y.

> Dear Doctor:
>
> In response to your inquiry of the 22nd inst, we beg to state that Vaccine Virus, or its active principle, is a subject about which very little is definitely known . . .
>
> It was thought by the founder of our establishment that he had discovered a case of spontaneous cowpox, and we have been using as one of our strains of seed virus, this source for nearly twenty years. It later developed, however, that the case referred to was evidently inoculated by a tramp having smallpox who slept in the stable. . . .
>
> We regret our inability to give you more definite information on the subject, but trust the above may be of some value to you.
>
> Very truly yours,
> Dr.M. . . . . &Co.
> per Manager.

There is little question about the "value" of the above cited admissions from such a source to the cause of the antivaccinists, among whom Dr. Hodge is conspicuous in this country. Equally valuable and illuminating is the following communication addressed to Mr. Chas. M. Higgins, wealthy manufacturer of Brooklyn, N. Y., and a consistent opponent of vaccination, who spent many thousands of dollars during a period of years in collecting data—at home and abroad, and particularly in England—with which to combat the practice:

> Biological Dept.
> Parke, Davis & Co.
> Detroit, Mich.
> March 27, 1905
>
> Mr. Chas. M. Higgins,
> 271 Ninth Street,
> Brooklyn, N. Y.
> Dear Sir:
>
> Your communication on the subject of vaccine virus has been received and contents noted. What you say about the confusion existing in the minds of the medical profession—as shown by medical text-books—regarding the origin of vaccine, is entirely true.

> No one seems to know positively the exact nature of this product.
>
> It would seem to us however, that the theory that cowpox is but modified smallpox, is the most tenable one. Particularly does this seem true in view of the facts reported by Dr. Monckton Copeman, Director of the Government Vaccine Work in London, that he had been able to transmit smallpox virus to monkeys, from monkeys to heifers, and from heifers to man, the resulting vaccination on the human subject being identically the same as that produced by vaccine as ordinarily prepared.
>
> Furthermore it was shown that the persons vaccinated with this virus when exposed to smallpox, were immune . . . The chain of evidence seems very complete, that by properly transferring the smallpox virus from man to animals of different species, it became so modified in the transmission that when applied to heifers it produced typical vaccinia, and was found to fill every requirement as a protection against smallpox when applied to unimmunized children.
>
> On theoretical grounds, it seems to us that this is a very plausible explanation of the origin of vaccinia. During Jenner's time smallpox was very prevalent, and nothing could be more natural than for persons recovering from smallpox to transmit the disease to the udders of cows, producing an infection which on account of the difference in the species of the animal, modified the smallpox virus.
>
> Regretting that we are unable to state more positively the exact relation between the two diseases, and the origin of the seed virus used by manufacturers, we remain
>
> Very sincerely yours,
> (Signed) Parke, Davis & Co.

This letter, aside from the story it tells of the haziness surrounding the subject of vaccine lymphs, and the support it gives to the charge of the Antis that "no one can tell what blood taints are conveyed by vaccination," reveals an amazing ignorance of the historic beginnings of cowpox inoculation, on the part of one of its foremost advocates and traffickers in modern times. Had this manifesto issued from the shipping-room of the Parke-Davis establishment, it would be less remarkable than from its "biological department."

What Crookshank observed about London vaccinators being concerned only with "the technique of vaccination"—with slight regard for the deadly disease taints they might be transmitting—apparently obtains in full force among American manufacturers and purveyors of these voodoo concoctions. And why not? It is the "vaccination technique" which creates the demand for the "biological products" of vaccine manufacturers; it is the "vaccination technique" which provides "more business" for a profession which, with a few honorable exceptions, has surrendered itself so unreservedly to commercialism in this country—upon the sorrowful admission of the few honorable exceptions.

However, for the enlightenment of those who may be curious to know more of the real nature and origin of the magical and more or less mythical cowpox, than its protagonists and defenders, we note that Dr. Charles Creighton, Professor of Microscopic Anatomy at Cambridge, was the first man in England to conduct an extensive research on the subject and that he recorded his findings in a book entitled *Cowpox and Vaccinal Syphilis,* wherein all the various theories and legends about the origin of this strange malady—together with their authors—are reviewed.

Dr. Creighton quotes Mr. Ceely of Aylesbury—who was reputedly the most painstaking and authentic of all the investigators of cowpox—as saying in 1839: "Cowpox as an infective disease arises in cow-houses here and there, and at wide intervals of time, out of a common physiological or constitutional eruption on some particular cow, usually a heifer in her first milk, very often in the Spring or at some other crisis of the year or of the animal's life history.

"It never arises except in milch cows, and occurs only on the teats or by infection on the adjoining parts of the udder. All the characters by which we know it distinctively as cowpox *are associated with the fact of milking*—with the inevitable traction on teats which are the subject of an *otherwise unimportant eruption."*

Creighton says the primary disorder as Ceely describes it "is an eruption of a few pimples which are made to bleed by the merciless manipulations of the milkers . . . The blood forms crusts that are dislodged every six hours, the indurated, phagendenic ulcers form on the sites of the original pimples. . . *Cowpox undisturbed by the milkers' hands, has no existence in the originating cow.* It is the persistent irritation that makes it a pox."

Creighton writing in 1891 apparently accepts Ceely's report as the most plausible and rational explanation of cowpox as it was known in England and on the Continent in the 18th and 19th centuries, and was traditionally believed to provide immunity against smallpox. Creighton says Jenner's only originality in connection with this dairy-maid folklore, "consisted in designating cowpox as smallpox of the cow and in tracing cowpox back to horse-grease."

According to another English chronicler of Jennerian annals, Jenner accounted for the presence of horse-grease in cowpox by saying that "in Gloucestershire cows were milked by men as well as women; and men would sometimes milk cows with hands foul from dressing the heels of horses afflicted with what was called 'grease,' and with this grease they infected the cows."

And according to this chronicler—Mr. William White, author of *The Story of a Great Delusion*—it was the "horse-grease cowpox" resulting from the aforesaid infection, that was pronounced by Jenner to have all the virtue against smallpox which the dairymaids claimed for cowpox. He says: "According to Jenner, the dairy-maids were right when the pox they caught was derived from the horse through the cow;

but that they were all wrong about the prophylactic virtues of cowpox originating on the cow *without the horse"!*

White says, moreover, that this was the substance and purport of Jenner's famous *Inquiry* (published in 1798), "a treatise much more spoken of than read, wherein its author distinctly set forth that it was *horse-grease cowpox*—and not spontaneous cowpox—that had the protective virtue." From the same writer we learn that "the public declined to have anything to do with horse-grease cowpox. It was scouted as an intolerable origin. It was disgusting . . . Various attempts were made to verify Jenner's prescription by inoculating cows with horse-grease, but they ended in failure—fortunately, it was said, in failure; for as Dr. Pearson—chief among primitive vaccinators—observed, 'the very name of horse-grease was like to have damned the whole business.' "

The author of *The Story of a Great Delusion* offers the comment: "Just why a diseased secretion from horses' heels should be more repulsive than a similar secretion from cows' teats, was not explained." This writer, however, was a layman, and just as it requires a priest or a parson to justify the ways of God to the faithful, so must there ever be "a reputable physician" to justify the ways of doctors to the laity. It is recorded that Jenner's "horse-grease cowpox"—despite its unpopularity—found some takers among vaccinators both in England and on the Continent, the most notable being Dr. Sacco of Milan and De Carro of Vienna, who wrote to Jenner in 1803 that they "had used it so freely and successfully that it became impossible to say which of the citizens were *equinated* and which *vaccinated"!*

Jenner however, in the meantime, had found it expedient to keep still about horse grease, and to extol the merits of cowpox alone which in his *Inquiry* he had condemned. Thus in his first petition to Parliament for largess (1802) we hear no mention of the horse-grease prophylactic, and find only the remarkable assertion:—"That your Petitioner has discovered that a disease which occasionally exists in a particular form among cattle, known by name of Cowpox, admits of being inoculated on the human frame with the most perfect ease and safety, and is attended with the singularly beneficial effect of rendering through life the person so inoculated perfectly secure from the infection of Smallpox."

Later it appears—after the "discoverer of cowpox" had been rewarded with two governmental grants making a total of £30,000 of English money—he returned to his horse-grease propaganda, using it in his practice and defending it in his writings. In Baron's *Life of Jenner,* Vol. 1, p. 135, the reputed founder of the calf-pus cult is reported as remarking to his nephew as he pointed out a horse with greasy heels: "Lo, *there is the source of smallpox!"*

Yet when George Bernard Shaw—who is rarely caught tripping on historic fact—reminded the Jennerian hero-worshippers of the present, that it was not cowpox nor calfpox, but horse grease, which Jenner had proclaimed as the specific prophylactic against smallpox, pro-vaccinists airly dismissed it as a characteristic Shavian quip.

Concerning these ponderous disputes among the early protagonists in the vaccination movement as to the relative protective virtues of cowpox, horse grease, and swinepox as smallpox prophylactics, comment seems superfluous. It is enough simply to call attention to them. In the philosophy of natural healing all these repulsive animal secretions are equally harmful, equally harmless, or—as it may happen in rare instances—equally potent in conferring temporary benefits when inoculated on the human frame, although none of them is capable of "rendering through life the person so inoculated perfectly secure from the infection of smallpox" or any other disease—such as Jenner claimed for his dairymaid prophylactic when he carried it to market. His willingness to use any of these secretions—although he sharply differentiated them in his own mind—for his inoculation work, points rather conclusively to the fact that Jenner had something to *sell* rather than something to *teach.*

The ease with which Jenner and his disciples were able to sell this vaccination superstition to a waiting world, can readily be accounted for by the popular dread of contracting a loathsome and dangerous disease in the absence of any exact and positive knowledge of its nature and origin. After more than 100 years of vaccinating against smallpox, the *British Medical Journal,* (July 5, 1902) stated: "The etiology of smallpox is still, in the practically unanimous opinion of the entire medical profession, an unsolved problem."

And what this medical organ says about medical ignorance of the cause of smallpox, may be said with equal truth of every other disease until Pasteur brought forward the "pathogenic germ" which provided a convenient scapegoat to carry medical ignorance of etiology into the wilderness of "more and more about less and less." But not even the all-comprehensive germ theory has been any help in tracking the cause of smallpox to its lair; for no stone filter has yet been devised of sufficient density to strain out a causative microbe for either smallpox or cow-pox. This much is conceded by the vaccinators themselves.

Yet while no smallpox or cowpox germ has ever been found associated with either of these eruptive disorders—neither at the onset nor in later stages—bacteriologists freely admit that "all vaccine virus contains many varieties of bacteria, some of which may be pathogenic"; and Dr. R. N. Willson testified before the Pennsylvania Commission that he had found in virus purchased in the open market and ready for use, "all of the pus-producing organisms—including streptococcus, pneumococcus, and tetanus (lock-jaw) bacilli." *

Perhaps this explains why vaccination in practical operation is more deadly in its ultimate effects than smallpox. Dr. Charles Creighton, author of *Cowpox and Vaccinal Syphilis,* also of *Epidemics of Great Britain,* says "the risks of vaccination may be divided into the risks inherent in the cowpox infection and the risks contingent upon the puncture of the skin . . . Cowpox infection may give rise to erysipelas, jaundice, skin eruptions, vaccinal ulcers and vaccinal syphilis."

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* See "Bacteria in Vaccine" in Encyclopedia Americana, Vol. 27.

Of all the various unpleasant manifestations of vaccinia, the last mentioned—vaccinal syphilis—caused most perplexity and apprehension to the vaccinators as well as to the vaccinated, although Creighton says: "In foundling hospitals—such as that of St. Petersburg—the erysipelas of vaccination has been the starting-point of disastrous epidemics of erysipelas affecting the inmates generally." He also cites an epidemic of jaundice following the re-vaccination of 1,289 workmen in a large ship-yard at Bremen in 1884.

Dr. Wm. J. Collins, head of St. Bartholomew's Hospital, London, writing in 1881, said: "In 1805 Dr. Moseley discovered that syphilis was communicable by vaccination, but it was not until 70 years later that the majority of the profession were convinced of the fact . . . Pathology has taught us that syphilis may be conveyed by infected blood or the secretions which are its offspring . . . Statistics complete the evidence by showing that the deaths from infantile syphilis per million births, under enforced vaccination (1867-1878), were 1,738, as compared with 564 per million under voluntary vaccination (1847-1853)."

Crookshank in *History and Pathology of Vaccination* (pp. 461-63), names Auzias Terenne, a French physician, as the first authority to point out that cowpox is analogous to syphilis; and another Frenchman, Philip Ricord, accounted the greatest authority of his day on venereal diseases, said in a lecture in the *Hotel Dieu,* Paris, (May 1863):

> "At first I repelled the idea that syphilis could be transmitted by vaccination. The recurrence of facts more and more confirmatory caused me to accept the possibility of this mode of transmission, I should say with reserve and even repugnance. But today I hesitate no more to proclaim their reality."

By 1867 the French Academy of Science had accepted this view, according to Dr. Montagu Leverson, the American biographer of Béchamp, who says that Dr. A. H. Caron of Paris told the Academy in 1870, that he "had long since refused to vaccinate at any price because of the known risk of transmitting syphilis." Still another eminent French doctor, Dr. Charles Pigeon, declared at the Anti-Vaccination Congress in Cologne, Oct. 10, 1881, that "vaccination exposes the vaccinated to syphilis."

Professor Josef Hamernik of the Prague University, in the *History of Smallpox and Vaccination,* said: "A number of children in the neighborhood of Melnik got syphilis through vaccination and several died of it."

Dr. Robert A. Gunn, New York, in his work on *Vaccination, Its Fallacies and Evils,* page 13, says: "Every physician of experience has met with numerous cases of cutaneous eruptions, erysipelas and syphilis which are directly traceable to vaccination."

Dr. Brundenell Carter, F.R.C.S., and Surgeon to St. George's Hospital, England, writing in the *Medical Examiner,* May 24, 1877, stated: "Syphilitic contamination by vaccine lymph is by no means an uncommon occurrence, and it is very generally overlooked because people do not know when or where to look for it. I think that a large proportion of the cases of apparently inherited syphilis are in reality vaccinal; but that the syphilis in these cases does not show itself until the age of eight to ten years, by which time the relation between cause and effect is lost sight of."

Dr. Charles Creighton, in his article on Vaccination prepared for the Encyclopedia Britannica (9th ed. Vol. XXIV, p. 23), cites numerous outbreaks of syphilis following vaccination and re-vaccination among children and adults in various countries after vaccination became the vogue; concerning which he says: "In so far as experiment and casual experience can prove anything, these have been proven." The authorities gave various interpretations of the phenomenon, but no one denied the *actual occurrence* of post-vaccinal syphilis.

Even the Royal Commission on Vaccination and Smallpox—appointed by the Crown in 1889, and which sat for seven years taking testimony and compiling data—although overwhelmingly pro-vaccinist in its personnel, incorporated into its Sixth Report (page 617) a list of 1000 vaccino-syphilis cases submitted to them in evidence of a character they could not blink.

The theory most commonly advanced to account for the syphilitic sequelae of vaccination, was, that it had been transmitted through human contact in the arm-to-arm vaccination with cowpox matter which superseded the arm-to-arm inoculation with smallpox matter. The latter had been forbidden by law in England in 1840 when the cowpox inoculation was put on the rates. Cowpox, however, always a disease of rare natural incidence, became increasingly rarer with the improved sanitation practiced by dairy-farmers in the care of their herds. It therefore became necessary for the vaccinators to replenish their lymph stocks by artificial means. Thus they inoculated cows on the udder and other sensitive parts with smallpox, and the "cowpox" resulting was used as standard vaccine lymph in England for more than 50 years.

Creighton names Ceely of Aylesbury and Badcock, a dispensing chemist at Brighton, who obtained a lymph by inoculating a cow with smallpox which they claimed "was benign, non-infectious and highly protective." The vaccine stock used by Pearson and Woodville—the two London physicians who at one time threatened to take the glory of vaccination promotion away from Jenner—was believed to be some curious blend of smallpox with the bovine infection.

But not even this provided sufficient vaccine material after the operation was made compulsory (1853), and hence they had recourse to the arm-to-arm lymph which continued in vogue until the question was raised whether this might not be chargeable with the out-breaks of syphilis, erysipelas, diphtheria, etc., observed to follow wholesale vaccinations. Creighton writing in 1891, said: In the first year of compulsory vaccination (1854), deaths from syphilis among infants under one year of age suddenly increased by one-half, and the increase has gone on steadily ever since."

The heavy disease and death toll from vaccination—culminating in the disastrous smallpox epidemic of 1871-1873—finally led to the appointment of the Royal Commission (1889) for a thorough investigation of the whole history of vaccination in the United Kingdom. When confronted with the actual proofs of the disease-breeding character of this "grotesque superstition"—to borrow Creighton's phrase—the provaccinist members of the Commission—who were greatly in the majority—endeavored to save the day for vaccination by charging all the trouble on the arm-to-arm vaccine matter, which in consequence was condemned by law in 1897 in England, which in that as in other vaccination fashions set the pace for the other nations. Since then the standard vaccine virus used in Great Britain, on the Continent, and in the United States, is obtained from calves.

According to reports from the Local Government Board (now the British Ministry of Health), a young calf—preferably an 18-weeks' heifer-calf—is strapped down to an operating board. The calf's belly and flanks, after thorough cleansing with soap and water, are smooth shaven and washed again. Then a number of incisions—from 100 to 120—are made on the shaven surface with a lancet, and a drop of smallpox—or cowpox—virus rubbed into each one. The calf is then harnessed up in a stall to prevent its scratching or licking itself—until the pustules resulting from the grotesque procedure are ripe for squeezing. The unhappy animal is again nailed to the sacrificial board, and the squeezing-out process is effected by means of separate steel clamps placed around the base of each vesicle which is further scraped with the edge of a blunt lancet. The revolting mass of pus, blood and skin is placed in "a clean, sterilized, nickel crucible," to which is added an equal quantity of glycerine. The mixture is then strained through fine brass gauze into an agate mortar, and after some further trituration, is ready for filling the tubes which supply the vaccine market.

In the vaccination propaganda put out for public consumption, great stress is laid on the sanitary precautions taken in preparing the calves to be used as vaccinifers, and the "clean, sterilized" vessels used for the reception of the purulent contents of the pustules on the body of the inoculated calf. These precautions, together with the addition of glycerine to the purulent mass, are supposed to yield "a pure vaccine-virus" which can be inoculated on the human frame "with perfect safety."

The argument that a healthy calf *before inoculation,* and sterilized receptacles for its pus secretions *after inoculation,* will insure the purity of the "biologic product," is much like saying that dipping muck from a sewer with a new silver spoon into a clean cutglass bowl, would transform the filth into—what shall we say?—apple-sauce! The object in mixing glycerine with the pus, is first, to increase the quantity, and second, to kill all extraneous disease-germs.

As usual, however, the authorities are divided on the question of glycerine acting as a germicide, some affirming that it is on the contrary a nutritive medium for the growth of putrefactive germs. Dr. Milton J. Rosenau, Professor of Preventive Medicine and Hygiene in Harvard Medical School and former director of the U. S. Hygienic Laboratory at Washington, in his book, *Preventive Medicine and Hygiene,* gives three forms in which the vaccine virus may be used: (1) fresh; (2) dry; and (3) glycerinated; and he says "the *Institut Vaccinale* at Paris *still prefers the virus freshly squeezed from* the calf's pustule and transferred directly to the arm of the individual."

This disposes of the claim sometimes urged, that "no alive bacteria are transmitted in the vaccine," and may very reasonably account for such vaccination sequelae as syphilis and tuberculosis—according to their own theories. The greatest medical authority on this phase of vaccination, Dr. Charles Creighton, however, denied that vaccinal syphilis was identical with venereal pox, although he says *the effects were the same in both.* He traced the post-vaccinal syphilis back to the primary seed-virus of cowpox, and rejected the explanation advanced by some, that this had become mixed with venereal poison from the unclean hands of the milkers. In the Encyclopaedia article aforementioned, Creighton says: "Cowpox, horse grease, and venereal pox, when inoculated under the skin, produce the same kind of vesicle—quite unlike a smallpox pustule—and leave the same kind of indurated sore. . . . Cowpox, indeed, is parallel with the venereal pox, both in the circumstances of its becoming an infective ulceration—indurated or suppurating—and in its secondary constitutional manifestations as an infection in man . . . Mucous patches of the tonsils, tongue and lips are among the 'secondaries' of the primary vaccinal ulcer."

Crookshank who followed Creighton in the field of cowpox research, whose investigation was in fact inspired by Creighton's—to whose work he says his attention had been called by Sir James Paget—disagreed somewhat with Creighton's view about the origin and nature of vaccinal syphilis; but these two eminent authorities are in perfect agreement as to the futility of any inoculating virus to ward off smallpox or any other disease. Crookshank joins the chorus of dissent and condemnation leveled against the voodooism of vaccination by famous medical men of his day, in the words: "Inoculation of cowpox does not afford the least protection from the analogous disease in man—syphilis; nor do cowpox, horsepox, swinepox, cattle-plague or any other radically dissimilar disease, exercise any protective power against human smallpox."

And it is this practical side of the vaccination question, of course, which interests the lay world. Not the fine-spun theories or conflicting analyses of the various vaccine strains by the experts, will engage the attention of those seeking immunity from a dreaded disease. What they wish to know is: What has vaccination accomplished in the way of disease prevention or control, since Jenner shot cowpox into the venous circulation of sturdy little James Phipps in 1796, and thus dedicated him to early death from tuberculosis a decade or so later?

CHAPTER V

Some Early and Later Fruits; Statistics vs. Statistics

Jenner's claim that one vaccination would render the vaccinated immune to smallpox through life, was very soon repudiated by his successors, who began by shortening the period of immunity to fourteen years. Then it was moved up to seven, then five, then two, and in the Spanish-American War six months was made the limit of immunity. Various contemporary historians relate that Jenner himself realized the error of his life-long immunity claim for his prophylactic, and for two years before his death he re-vaccinated his own patients once a year.

Garrison's claim likewise—in *History of Medicine*—that Jenner succeeded before his death "in overcoming the popular aversion to vaccination," cannot stand up before the plain facts. Although free vaccination was provided for the masses in England in 1840—when it was put on the rates—popular aversion to the rite continued in such force after thirteen years' experience of its supposed benefits, that it became necessary for its advocates to enforce it with a governmental requirement in 1853. The bill was introduced by Lord Lyttleton—at the instigation of a medical organization called the Epidemiological Society—and passed the House of Lords without opposition. It also passed the Commons, but with one dissenting vote, and provided that all parents in England and Wales who refused—or failed—to have their children vaccinated within three months of birth, would be liable to a fine of 20 shillings and cost.

This failing to overcome the popular aversion to vaccination, the British Parliament proceeded to put more teeth into the compulsory law in 1867, with an Act which consolidated the previous Acts and embodied more stringent penal clauses. Under it the refusal of a parent to vaccinate his child was made a *continuous offence* from the age of three months to 14 years! The Board of Guardians were instructed to prosecute evaders of this law, and in the years following its enactment many persons accepted repeated fines and imprisonment rather than submit to its barbarous requirements. Others left the country to escape such persecution, though fugitives from the Medical Inquisition have been conveniently lost sight of in the efforts of historians to glorify the exiles from religious persecution.

A return presented to the House of Commons in 1889 showed that, in the decade preceding, the number of persons fined for violation of the vaccination laws in England and Wales was 11,408, of whom 115 went to prison. These conscientious objectors to vaccination, moreover, were treated like common criminals—cropped hair, prison garb and hard labor in some instances, were meted out to them. A letter dated February 18, 1883, and addressed to the British Anti-Vaccination League by one signing himself Charles W. Nye of Chatham, deposes:

> I have been imprisoned nine times. Five times for one child, twice for another, and once each for two others. While I was in prison, my wife and children were sent to the workhouse.

At Ashford in Kent, another objector, Charles Hay-ward, was summoned more than 50 times in four years (1885-1888) and paid more than £50 sterling in fines and costs. As examples of the medical bigotry and intolerance rampant in England at that time, one London doctor declared that "a person had no more right to keep an unvaccinated child than to keep a mad dog"; and another said he "would take a child by force from its parents to vaccinate it"!

As usual, however, these prosecutions and exhibitions of intolerance, so far from overcoming the popular aversion to the practice, served only to strengthen the opposition to vaccination. The anti-compulsory vaccination movement was enlarged, and branches of the London Society were organized in various parts of the United Kingdom. *The Vaccination Inquirer,* established by Mr. William Tebb in 1879, was made the official organ of the London Society. The Vaccination Act of 1867 met with more opposition in the House of Commons than the former, and Sir Thomas Chambers (City Recorder of London) said on its third reading: "I am persuaded that when this Bill is passed, an agitation will commence which will never cease until the Act is repealed."

In 1871 a Select Committee of 15 M.P.'s—not one of whom was then opposed to vaccination—was appointed to inquire into the operation of the 1867 Act. They heard much evidence pro and con. Mr. Candlish, M.P., who appeared as a witness against the Act, cited numerous cases of repeated penalties and imprisonment, and declared that the law as it stood "provided perpetual imprisonment for conscience sake." The Committee reported briefly, on May 23, 1871, in favor of vaccination, but recommended that penalties for non-compliance with the law should be limited to two. This recommendation was embodied in a Bill which passed the House of Commons, August 15, 1871, but was lost in the House of Lords by one vote.

Thus by the vote of one peer, repeated penalties "for conscience sake" continued in force in England for a further 27 years, until the "popular aversion to vaccination"—reinforced by popular indignation—forced a scared House of Commons in 1898 to enact a law which virtually repealed the compulsory feature of the existent law, by the insertion of a "conscience clause" under which a parent who made a formal declaration of his conscientious objection to vaccination, could have his children exempt from the operation.

This did not happen, however, until the Royal Commission appointed in 1889, had brought in its report (1896) embodying the ghastly record of "vaccination at work" for a hundred years in England and Wales, under the most ruthless compulsory regime during half of that time. This Commission composed of 15 prominent doctors and laymen—nearly all of them advocates of vaccination—were obliged, nevertheless, under the watchful scrutiny of the few Anti-Vaccinationists among them, to take cognizance of, and to record, some very damaging facts against their pet theory.

In the first place it was shown from official records that smallpox had markedly declined in the early part of the 19th Century in most parts of Europe, when vaccination was negligible and scarcely touched the poor among whom smallpox was normally most rife. Yet so little were they disposed toward the cow-pox prophylactic, that it had to be handed them first on a "free rate" platter and then with a club before the poor could be induced to accept the blessings of vaccination for themselves and their children. This appeared from the sudden increase in the number of recorded vaccinations, which jumped from an average of 180,960 a year for children under one year of age, to 408,824 in 1854—the year the first compulsory law in England was put into effect.

Thus the Royal Commissioners—much as they would have liked to—could not give vaccination the credit for the lull in smallpox during the first half of the 19th Century. Even more disconcerting to the provaccinists, were the smallpox epidemics—with appalling death tolls—which occurred under compulsion. According to official reports, in the London epidemic of 1857-59 there were 14,244 deaths; in the 1863-65 outbreak there were 20,059 deaths; and in 1871-73, all of Europe was swept by the worst smallpox epidemic in its history, whose ravages extended to the United States of America. In England and Wales 44,840 persons are said to have died of smallpox in the 1871-73 epidemic, at a time when, according to official estimates, 97 percent of the population had been vaccinated.

These figures were brought to the Royal Commission by no less a personage than the English scientist, Alfred Russel Wallace, who had been invited to sit on the Commission, but he preferred to appear before them as a witness. He had made a special study of vital statistics as given in the Registrar-General's Reports, and in 1885 he put out a pamphlet entitled "Forty-one Years of Registration Statistics Proving Vaccination Both Useless and Dangerous." He showed that in the decade 1863-1873, while the British population increased 9 percent, the smallpox mortality increased 123 percent!

According to statistics furnished by Creighton (9th Ed. Encyclopedia Britannica), at the time the 1871 epidemic swept Europe, the following countries were living under compulsory vaccination: Prussia since 1835; Württemberg, Hesse and other German States since 1818; Sweden since 1814; Denmark since 1810; and Bavaria since 1807. Vaccination was compulsory in 10 of the 22 Swiss Cantons, and in France, Italy, Spain, Portugal, Belgium, Norway, Austria and Turkey, the compulsory law applied only to certain classes under Governmental control—such as soldiers, Government employees and public-school pupils. These classes however, were sufficiently populous to make compulsory vaccination a factor to be reckoned with in the incidence or absence of smallpox.

Creighton also cites the fact—in the above mentioned article—that "notwithstanding Prussia was the best vaccinated and re-vaccinated country in Europe, its mortality in that 1871 epidemic was higher than that of any other Northern State"—69,839 deaths from smallpox being accredited to Prussia in the mortality returns for that period.

To the ordinary lay intelligence, reasoning in an ordinary common-sense way, it would seem these disastrous smallpox epidemics in the well-vaccinated countries, would have aroused even in medical minds some suspicion of the protective value of the cowpox fetish. That it had this effect in certain quarters was evidenced in England in bringing into the ranks of the opposition such scientists as Alfred Russel Wallace, Herbert Spencer and Francis Newman; and such medical men as Charles Creighton, Edgar M. Crook-shank, William Tebb and James J. Garth Wilkinson. Popular dissatisfaction with the vaccination laws was likewise reflected in the English Parliament, where in 1872, 1877 and 1878, bills were introduced embodying a clause against repeated penalties.

All were rejected, the last by a vote of 271 to 82. In 1880 the Gladstone Ministry, fresh from the country, brought forward a bill of similar import, but dropped it at the behest of the British Medical Association. Then in June 1883, Mr. P. A. Taylor, M.P. for Leicester, offered the following resolution:

> That in the opinion of this House it is inexpedient and unjust to enforce vaccination under penalties upon those who regard it as inadvisable and dangerous.

Through the same powerful medical influence, this motion was lost by 286 votes to 16, the minority favoring it being composed of English Radicals and one Irish member.

Then the anti-vaccinists realized they must appeal from the Parliament to the people who made Parliament, and carry their fight to the hustings. The old mill town of Leicester gave a strong lead in a huge popular demonstration at which the Vaccination Acts were openly burned in the public market-place. As a consequence, prosecutions were suspended in Leicester and the law was openly defied. It had been practically a dead letter in Leicester since 1878 when the town authorities determined to drop vaccination and try sanitation, in view of the object-lesson afforded by the smallpox epidemics under the compulsory law of its utter futility in curbing that disease.

Under its able and energetic Town Councillor and Sanitary Inspector, Mr. James T. Biggs, Leicester underwent a thorough house-cleaning and physical rehabilitation. Clean streets, clean markets and dairies, efficient garbage-removal, sanitary housing and a pure water supply, took the place of vaccination scars, with the notable result that in the 20 years from 1878 to 1898 the death-rate from smallpox in Leicester was less than 13 per million inhabitants, whereas in the much vaccinated and re-vaccinated British Army and Navy the death-rate was three times as high.

Two books were published to recount the benefits resulting from Leicester's change from vaccination to sanitation; one by J. T. Biggs, entitled: *The Leicester Experiment; Sanitation vs. Vaccination* (1910), and the other by Dr. C. Killick Millard, medical health officer for Leicester, entitled *The Vaccination Question in the Light of Modern Experience,* issued in 1914. Dr. Millard, a medical man and a pro-vaccinist, confirms Mr. Biggs' findings *in re* the Leicester Experiment, yet—as was to be expected—he expresses polite surprise that such should be the case. He devotes much of his book also to the findings of the Royal Commission on Vaccination, and expresses great satisfaction in that body's action in lifting the compulsory ban.

The gist of Dr. Millard's contribution to the vaccination controversy may be found in the following extracts from his work:

> The two crucial and outstanding facts I wish to emphasize, are (a) The unexpected and remarkable experience of the town of Leicester which for thirty years has abandoned infantile vaccination, yet has shown an enormous decline in smallpox mortality.
>
> (b) The fact that although infantile vaccination is falling more and more into disuse throughout the whole country yet smallpox, contrary to all pro-vaccinist expectation and prophecy, continues to decline and has almost disappeared.
>
> . . . The striking facts that in Leicester without infantile vaccination, the decline has been greater than in most places, and that throughout the country smallpox has continued to decrease in spite of the falling off in vaccination, should surely be sufficient grounds for legitimate doubt.
>
> . . . If it can be shown that sanitation thoroughly

> carried out, is alone sufficient for the effective control of smallpox in this country—as in Leicester—why inflict upon the country universal vaccination with all its inseparable drawbacks? And what justification can there be any longer for compulsion?
>
> It cannot be denied that vaccination causes in the aggregate very considerable injury to health, most of it only temporary, but some permanent. . . . During the last decade the deaths from vaccinia have several times outnumbered those from smallpox, whilst if we have regard to the amount of ill-health caused by the two diseases—and putting aside for the moment the question of the alleged effect in lessening smallpox—it looks as if vaccinia were becoming, so far as the community is concerned, the more serious disease of the two.

On page 27 of his *Vaccination Question,* Dr. Millard has this to say of the Royal Commission and its work:

> The Royal Commission on Vaccination represents by far the most exhaustive inquiry ever held in connection with the subject of vaccination, and constitutes a landmark in the history of our subject.
>
> It was indeed one of the most remarkable inquiries ever held in connection with any subject. Appointed in 1889, the Final Report was not published until 1896, seven years later. This delay is not surprising considering the enormous volume of evidence recorded.
>
> The Commissioners held 136 meetings and examined 187 witnesses, the examination of certain individual witnesses occupying several whole days. In addition they caused important investigations to be made for their assistance. The total number of questions put and answered was over 18,000.
>
> The Commissioners under the able chairmanship of Lord Herschell, certainly did their work with commendable thoroughness, and their reports constitute a veritable storehouse of facts relating to vaccination. Some idea of the mere bulk of the reports issued is obtained from the fact that the five principal reports, consisting of closely printed matter, together with the eight bulky appendices, weigh altogether more than 14 1b. avoirdupois!

In his apparent desire to extol the work of this pro-vaccinist tribunal on vaccination, Dr. Millard on page 38 of his book says: "The Commissioners recommended a modified and much less stringent form of compulsion by recognizing and exempting the 'conscientious objector' *on certain conditions.* Two of those who signed the Majority Report, however, dissented from this concession; but on the other hand, two others joined the Minority Commissioners in objecting to the retention of compulsion in any form. So that in the final report there were two in favor of unrelaxed compulsion; seven in favor of a greatly modified and reduced compulsion; and four in favor of complete abandonment of compulsion . . . It would have required only the transfer of three votes, to have secured a majority in favor of the entire abolition of compulsion."

The two books on Leicester's experience with smallpox and vaccination, like Creighton's and Crook-shank's works and all the other anti-vaccination literature of the last century, are conspicuously absent from medical library shelves in the United States; and those who direct the destinies of public libraries—maintained at public expense—see to it that the public shall get but one side of the vaccination question by very carefully excluding from their Reference catalogues, even so notable a work as Alfred Russel Wallace's *Wonderful Century.*

Hence it may be that the average American doctor never heard of the Royal Commission on Vaccination, and doesn't even know that such a body of medical big-wigs ever sat for seven years in England, compiling all those bulky reports for the enlightenment of every one except themselves! This is unfortunate for American doctors in some ways; for it should be highly gratifying to some of them to learn that 14 lbs. avoirdupois of contrary evidence hurled at the heads of the pro-vaccinist majority on that Commission failed to make a dent in their triple-plate conviction that in spite of everything *vaccination does prevent smallpox!*

For thus the Commissioners proclaimed in their final report in 1896, along with their recommendations, that "repeated penalties should cease to be inflicted"; that "persons imprisoned under the Vaccination Acts should no longer be treated as criminals"; and that "a conscience clause be inserted in the existing law whereby a parent *who could satisfy two magistrates* that he was a bona fide conscientious objector, could exempt his child from the operation of the law."

But even these meager concessions to the anti-vaccinists of England—comprising some of her most esteemed citizens—were wrested from the Royal Commissioners only after their seven years of deliberations had been punctured with one smallpox epidemic and three elections in which the Government candidates were defeated largely because of their attitude on vaccination.

Finally in 1898 a bill embodying the Commission's above cited recommendations, was introduced into Parliament, and after some wrangling and filibustering, was enacted into law. As soon as the Act came into force, however, it was at once apparent that the phrase "who can satisfy two magistrates" was the "joker" in the bill which many magistrates turned into a weapon for the further oppression of anti-vaccinists. Popular irritation at the tyrannous behavior of magistrates in arbitrarily refusing applications for exemption under the 1898 Act, was greatly intensified toward the end of 1905 by the imprisonment of 27 parents in Derby for not vaccinating their children. This popular irritation made itself felt in the January 1906 General Election in an overwhelming defeat of the Conservative Government under which conscientious objectors to vaccination had suffered so much. The new Parliament changed the whole outlook for the anti-vaccinists, and in April 1907 another bill was introduced which substituted "a simple statutory declaration of objection" in place of the previous clause which required the objector to "satisfy the magistrates" as to the integrity of his mental attitude. This bill was enacted into law in August 1907, and came into operation in January 1908. A similar measure was passed for Scotland, which came into effect the same day it was passed—August 28, 1907.

The effect of these Acts in increasing exemptions from vaccination was immediately apparent, and the official records showed a falling off in vaccinations in England from 97 percent of the total population in 1871 to less than 40 percent in 1921. This very effectually disposes of Garrison's assertion that "Jenner succeeded before his death in overcoming the popular aversion to vaccination."

Neither in Jenner's day nor in any subsequent period has popular aversion to vaccination been overcome, a fact which is attested by the plaint of medical health officers in America, that whenever and wherever the compulsory ban is lifted, the percentage of vaccinated persons to the whole population invariably declines. Some of these health officials have even confessed to resorting to "fright and pressure" for the purpose of "persuading the unvaccinated to accept the protection of vaccination." *

In every age and every country, thorough and wholesale vaccination of a people has been put over only by rigorous penal enforcement; and this fact alone, it would seem, is sufficient to discredit the practice. For if its efficacy in preventing or controlling smallpox—a disease dreaded by most people—had ever been demonstrated in all the 139 years since Jenner introduced it into England, it would not now be necessary to resort to compulsion to have it accepted. People would gladly avail themselves of such a "safe and easy" escape from a loathsome disease. This seems fairly axiomatic.

The crucial question in the vaccination equation, of course, is: Does vaccination protect the vaccinated from smallpox? If it does, without inflicting injury in other directions or entailing other and maybe worse diseases, then it is manifestly not only a duty but a privilege to submit oneself to so benign an operation. The outbreaks of smallpox in all the well-vaccinated European countries in the last half of the 19th Century, and especially the disastrous epidemics of 1871-73, attended with such frightful mortality in the two most thoroughly vaccinated States—England and Prussia—would, it seems, forever settle the question in the negative for vaccination as a prophylactic against smallpox. Nor was there lacking specific, recorded evidence of the failure of vaccination to ward off smallpox in the earlier period of experimenting with it.

* Dr. John P. Kohler, City Health Commissioner for Milwaukee, in Wis. State Medical Journal, Dec. 1925.

Dr. George William Winterburn, editor of the *American Homeopathist* and Lecturer on Clinical Medicine at the Manhattan Hospital, in his work on *The Value of Vaccination; a Non-Partisan Review of Its History and Results,* says (pp. 68-69) that even the "Royal Jennerian Society" in its second report in 1806, "admitted having seen a few cases of smallpox in persons who had passed through the cowpox in the usual way." He says further:

> "In the same year the Royal College of Surgeons issued a circular letter to 1,100 of its members asking their experience with vaccination. They received 426 answers, with the information of 56 cases of smallpox in the vaccinated, *66* cases of eruptions, and 24 bad arms."

Winterburn quotes the London *Medical Observer,* in Vol. VI, 1810, which published particulars of 535 cases of smallpox after vaccination—the operation having been performed in some of them by Jenner himself—including their names and the authorities reporting them; and similar details of 97 fatal cases of smallpox in the vaccinated, with 150 cases of injury arising from vaccination, among whom were 10 medical men—with their addresses—including two professors of anatomy, who had suffered from the operation in their own families.

Winterburn cites further instances of the failure of vaccination to protect in the early period, in "a severe epidemic in Marseilles when 2,000 vaccinated persons were stricken with smallpox; and the epidemic of 1831 in Württemberg when 995 'protected' ones succumbed to the prevailing malady." These instances are given on the authority of the English and German health officials, Marson and Heim. Winterburn also gives the report of a French Army surgeon named Ducharme, of an outbreak of smallpox in his regiment a few months after it had been re-vaccinated, and when hygienic conditions as to space, ventilation and food were excellent, who recites the remarkable fact that in another regiment—"lodged in precisely similar barracks, situated in the same court, *but on whom no vaccinations had yet been performed,* not a single case of smallpox occurred"!

Although these earlier observations were known and recorded by reputable authorities, no thorough and critical investigation of the history of vaccination was undertaken until the wide-spread epidemic of 1871-73 caused some of the most devoted adherents of the prevention theory to pause and consider. Winterburn quotes the New York City Health Department as saying in its 1871 Report:

> This extraordinary prevalence of smallpox over various parts of the globe, especially in countries where vaccination has long been efficiently practiced; its occurrence in its most fatal form in persons who gave evidence of having been well vaccinated; and the remarkable susceptibility of people of all ages to re-vaccination—are new facts in the history of this pestilence which must lead to a re-investigation of the

> whole subject of vaccination and of its claims as a protecting agent.

Incidentally it may be remarked that this New York City Health Report of 60 years ago is in marked contrast with the present policy of that city's Health Department, which is today one of the most insistent and powerful advocates of compulsory vaccination.

Curiously enough, pro-vaccinist statisticians invariably cite the example of the German countries to bolster up their contention, and certain well-worn figures *in re* smallpox immunity of the Prussian Army in the Franco-Prussian War have been repeatedly seized upon as the sheet-anchor of pro-vaccinist discussion—and have as repeatedly been shown to be false. Thus Garrison in his *History* (pp. 376-77) relates: "Vaccination statistics of the Franco-Prussian War—1870-71—show the unvaccinated French Army to have lost over 20,000 men from smallpox, while the Germans who had been re-vaccinated within two years lost only 297."

Place over against this statement a news item carried in the *London Morning Advertiser* of Nov. 24, 1870, as follows: "The smallpox is making still greater havoc in the ranks of the Prussian Army which is said to have 30,000 smallpox patients in its hospitals." *

Place against it also Creighton's mortality figures for Prussia in the 1871 epidemic—69,839 deaths—together with the statement he quotes from Adolph Vogt, Chief Statistician at Berne University, that "the deathrate from smallpox in the German Army, where re-vaccination is the inexorable rule, was 60 percent higher than among the civilian population of the same age . . . The Bavarian contingent, which was re-vaccinated without exception, had 5 times the deathrate of civilians for whom re-vaccination was not obligatory."

Vogt's findings are confirmed by the German statistician, G. F. Kolb, Member Extraordinary of the Royal Statistical Commission of Bavaria, quoted by Winter-burn, as saying: "In Bavaria where no one for many years escaped vaccination, there were in the epidemic of 1871 30,742 cases of smallpox, of whom 29,429 had been vaccinated as shown by records in the State Department."

As to the "unvaccinated French Army" referred to by Garrison, Winterburn quotes Dr. Bayard of Paris as authority for the statement that "every French soldier on entering a regiment is re-vaccinated. There are no exceptions to this." Yet in the Franco-Prussian War there were 23,469 cases of smallpox in the French Army—all of them vaccinated, and the larger part re-vaccinated. Still the "Franco-Prussian Army immunity" plea persists in the pro-vaccinist repertory, and every once in awhile we get it over the radio, now that the profession which proclaims itself too proud to advertise, is condescending to use the air as a medium for enlightening the public.

* Winterburn in Non-Partisan Review.

When confronted by indisputable evidence of the failure of vaccination to "immunize"—such as the above cited official reports—the usual alibi offered by its defenders is that "the vaccination was not properly performed"; and that it is only to "efficient, successful vaccination" that immunity is promised. But the trouble seems to be in determining when the operation is "efficient"! One who should be able to speak authoritatively on the subject, Dr. Sydney Monckton Copeman—the reputed inventor of glycerinated virus—is quoted in the 11th edition of the Encyclopedia Britannica as saying:

> It is somewhat unfortunate that *there exists no official definition of what constitutes a successful vaccination, and it is open to any practitioner to use his own judgment in awarding certificates.*

The Citizens' Medical Reference Bureau of New York City is authority for the statement, that American health officers are instructed by those higher up when reporting communicable diseases, to be guided in their findings "by the history of the case and *the appearance of the scar. If the patient has been recently vaccinated and carries a good scar, the presumption is against a diagnosis of smallpox,* and the malady must be given another name"!

From which it appears the incidence of a disease may be anything the diagnosing physician chooses to make it, and this probably explains the large increases in measles and chickenpox in modern times, and the virulent character of these hitherto mild diseases.

In general, the apostles and promoters of the calf-pus voodoo prefer to side-step all the damaging evidence and incriminating statistics piled up against their favorite "immunizer," and to rest their case almost entirely on a bald attempt to "steal from civilization" the credit which belongs to it for such freedom from smallpox as we enjoy in the present. Smallpox epidemics may have ravaged the countries in the 19th Century in spite of vaccination, they admit; but it was nothing by comparison with the smallpox scourges of the 17th and 18th centuries before mankind received the mitigating benefaction of Jenner's discovery.

Hence we find all the medical historians strangely silent about the disastrous smallpox epidemic of 1871 in Europe and America, with not even the barest allusion to the British Royal Commission on Vaccination, its findings and recommendations. They find it more to their purpose to give exaggerated accounts of smallpox mortality in pre-vaccination times, and then by contrast with its abatement in this sanitary age, they score an easy triumph for their calf-pus prophylactic in the minds of people who do not read history, but who can't avoid the vaccination propaganda which screams at them from bill-board and printed page.

Two outstanding examples of reckless exaggeration of pre-vaccination smallpox will suffice to illustrate this point: A few years ago, Dr. Charles Mayo, of Rochester, was quoted in the press as saying, "In the 18th Century before vaccination was discovered, 100 million persons died of smallpox in Europe." More recently (1930), Prof. Howard Haggard scales this down a bit by saying on page 221 of his *Devils, Drugs and Doctors:* "Queen Mary II of England died of smallpox in 1694. In the century following her death 60 million persons in Europe died of smallpox."

When men of such prominence in the medical world as the above quoted authorities put out statements of this character, the average citizen will naturally think they must know what they are talking about. But if Mr. Average Citizen will respect his own intelligence far enough to do a little arithmetic on some population figures to be found in Mulhall's *Dictionary of Statistics*—a standard work—he can very quickly demonstrate to his own satisfaction the gross exaggeration and utter absurdity of the medically sponsored smallpox statistics.

According to Mulhall, the total population of Europe in 1762 was 130,000,000; in 1778 it was 150,-000,000; and in 1800—the close of the 18th Century-it was 175,000,000, or only 75 millions more than the number who perished from smallpox in the 18th Century according to Dr. Mayo's mortality returns for that period! Now the mortality rate for smallpox in the 18th Century—as fixed by the Report of the Royal Commission, and confirmed by Dr. Charles Creighton in his Britannica article—was 18.8 percent of those affected with the disease. Vital statistics of that period were more loosely kept even than at present, the chief records being the old "Bills of Mortality" collected by Jurin and others; but such as they were, and upon the best information obtainable, 18.8 percent was the established deathrate from smallpox in pre-vaccination times. Creighton claims that figures taken from the records of English and American hospitals—mostly since 1870—prove that the mortality is not materially less than that now; the deathrate as given by those hospital reports being 18.5 per cent, as against 18.8 percent in the 18th Century.

Now then, taking this as the established rate, and the "60,000,000 deaths" quoted by Haggard, and working it out by the percentage rule, it would require 319,148,936 cases of smallpox in Europe to produce 60 million deaths; *and that would be 144,148,936 more cases of smallpox than there were people living in Europe at the close of the 18th Century*—according to figures furnished by Mulhall's standard work on statistics! Apparently these high-placed pro-vaccinist statisticians do not bother to consult such hum-drum authorities as official records, and they gamble on the general public's ignorance of 18th Century conditions being equal to their own—a pretty safe bet in most cases.

But here are some smallpox and vaccination statistics which strike nearer home, and concerning which none need plead ignorance, since the official records are open to all: In the Philippine Islands, where since American occupation in

1903 compulsory vaccination had gone the limit, there began in 1918 an epidemic of smallpox which lasted three years and registered 163,044 cases with 71,170 deaths, according to the official Reports of the Philippine Public Health Service. In Manila and the surrounding province of Rizal—where vaccination and re-vaccination had been most thorough—the mortality was given at the unprecedented rate of 67 percent. The Reports showed further that in the 10-year period from 1911 to 1920 inclusive, 24,436,889 official vaccinations were inflicted upon "Our Little Brown Brothers"—numbering 10 millions approximately—and that in that period 75,339 of them died of smallpox.

These P. I. Health Reports were sent to America, but the U. S. Public Health Bureau very discreetly refrained from making them public until the *Masonic Observer* (Minneapolis), and the *Citizens' Medical Reference Bureau* (New York), which also received these Philippine Reports, called attention to them. Then the U. S. Health officials came forward with the same old red herring across the trail, with Dr. Victor Heiser (Philippine Health chief) supplying the prompting from the wings.

Bad as things were in the Philippines—for pro-vaccinists—Dr. Heiser assured them it had been much worse before the coming of the Americans with their zealous methods of vaccinating. Prior to that, said Dr. Heiser, "it was estimated that 40,000 Filipinos died of smallpox every year"! Since the P. I. Reports stated that no records had survived the fires and disturbances incident to the American entrance, Dr. Heiser had presumably supplied this 40,000 estimate himself. He had also unwarily supplied some other figures on the Philippine situation which put him in the same bad hole as those 18th Century "estimates" spread for his distinguished colleagues—Messrs. Mayo and Haggard.

Writing in *Hygeia* (June, 1923), Dr. Heiser roughly estimated the Philippine population at about 7,000,-000 in 1900, and he says the customary smallpox death rate among them was "about 5 percent." At this rate it would require 800,000 cases to produce 40,000 deaths. Each year then there would be 800,000 either "immunized" or dead,—according to the theory that smallpox immunizes against smallpox—and in less than ten years—as a very simple arithmetical calculation—the only ones susceptible to the disease would be the new-born infants, and the Filipinos must either have wiped out smallpox or themselves some time before the Americans came to bring them the blessing of vaccination.

Just how great a benediction this proved to the inhabitants of the Islands, is shown in the steady march of smallpox after American occupation, through two epidemics—each one worse than the preceding—to its climax in the 1918-20 catastrophe. Further emphasis of this Philippines tale of vaccination and smallpox is supplied by comparison with the figures for England and Wales in that same 1911-1920 decade, where vaccinations under the optional law had dropped to 3,645,311, as against the 24,436,889 vaccinations in the Philippines for the same period.

As the population of England and Wales is more than four times that of the Philippines, the number of vaccinations per 100 persons in the Islands was over twenty-six times that in England. Yet the total of smallpox fatalities in England and Wales for the whole of that 1911-1920 was only 140, or 14 for each year, as against a yearly average of 7,533 fatalities in the Philippines. Even "the way-faring man" needn't make any mistake in studying these figures.

CHAPTER VI

Who's Who Among Anti-Vaccinists

To very many persons—probably the majority—it is vastly more important to know *who* is saying a thing, than *what* is being said. With a keen appreciation of this human trait, the apostles and defenders of "the cult of Jenner" very astutely seek to divert attention from the repulsiveness of the calf-pus ritual, first by false claims as to what it has achieved in banishing smallpox, and second by belittling the character and personality of anti-vaccinists.

These are represented in medical literature as either grossly ignorant or feeble-minded, or failing to make these flattering categories, opponents of vaccination may be in rare instances "brilliant but erratic," and in general fall into the class of "eccentrics" and extremists. Among modern "intelligentsia" of the orthodox medical faith, there is a subtle attempt to discredit anti-vaccinists by yoking them up with religious fanatics. Thus both Hoffman and Haggard represent the clergy of Jenner's time as descanting from the pulpit in the following fashion:

> "Smallpox is a visitation from God, but cow-pox is produced by presumptuous men. The former is what Heaven ordained, the latter is a daring and profane violation of our holy religion."

Like much of the medical testimony, no name is attached to this quotation, and the impression sought to be conveyed is that it marks the level of anti-vaccination intelligence. Even at that, in branding cowpox inoculation "a profane violation" of the laws of Nature which are supposed to be "the laws of God," it may well be questioned whether these 19th Century pulpiteers did not evince more scientific insight than some of their more pretentious critics.

The author of *Devils, Drugs and Doctors,* however, recounts with apparent satisfaction the endorsement of inoculation by one of the early New England divines—the Reverend Cotton Mather, who is given the credit for having introduced it to the Massachusetts Colonists.

The Reverend Mr. Mather also believed in witchcraft—as some persons will recall—and what is more, *he believed in burning and drowning the witches!* Which clearly proves him possessed of the mental and spiritual equipment for standing shoulder-to-shoulder with those official vaccinators under the compulsory law in England, *who fined and imprisoned parents continuously for fourteen years*—until an *ever-increasing number of anti-vaccinists* forced the British Parliament to repeal the law!

As to the strength and character of this opposition in England, we need only cite the thousands who accepted fines, imprisonment and exile rather than submit to compulsory vaccination; the bills introduced by two Home Secretaries, Mr. Gladstone in 1880 and Mr. Asquith in 1893 for softening its requirements; the open defiance of the law in Leicester, and the popular revolt reflected in the election of 1885 which returned 49 members to Parliament pledged to vote against compulsion and 6 pledged to vote for a "conscience clause"; the appointment of the Royal Commission (1889-1896), and the triumph of the anti-vaccinist forces in the 1906 General Election which forced the British Parliament to give heed to the Commission's findings and recommendations in the enactment of a law in 1907 which virtually ended the persecutions "for conscience sake" *in re* the vaccination question in England.

Further light on the nature of the opposition to vaccination, and the character of those offering it in England, is afforded by the witnesses who appeared before the Royal Commission to testify against the practice on humane and scientific grounds. First comes Dr. Charles Creighton, professor of Microscopic Anatomy at Cambridge, author of *Epidemics of Great Britain,* and of *Cowpox and Vaccinal Syphilis,* to tell the judges that while in his opinion the syphilis observed to follow vaccination in some cases was not *identical* with the venereal disease—meaning perhaps that they couldn't find the same *specific germ* in both—yet "the effects were the same." And the "effects" of any disease are all that concerns most people. Creighton testified to outbreaks of syphilis, jaundice, erysipelas and vaccinal ulcers, as sequelae of vaccination, and said "in so far as casual experience can prove anything, these have been proven."

No one stood higher in medical and epidemiological circles than Charles Creighton at the time he gave this testimony before the Royal Commission, and when he pointed out to them the record of the sudden increase in deaths from syphilis by one-half among infants under one year in the first year of compulsory vaccination (1854), and how the increase had been going on steadily ever since, the pro-vaccinist Commissioners were silenced though *not convinced!* He knocked the props from under the "protective" theory about vaccination by citing the records of the smallpox hospitals, which showed nearly 75 per cent of the cases admitted *had been vaccinated*—the majority showing "good scars."

As a final clincher to the relative susceptibility of the vaccinated and unvaccinated, Creighton brought forward the fact that at Cologne in 1870 the first unvaccinated person to be attacked by smallpox was the 174th one in the order of incidence; while in one other German city that same year, 224 vaccinated ones succumbed to the disease before the first unvaccinated person was reached.

Next in importance, from the medical view-point, among the witnesses for the opposition before the Royal Commission, was Edgar M. Crookshank, professor of Bacteriology and Comparative Pathology in King's College, London. Crookshank had made a prolonged study of the history and pathology of vaccination, and had published a book under that title the year the Commission started its investigation. He acknowledged Creighton as the master in this field of research, and says his attention had been di- . rected to Creighton's work by Sir James Paget. Crookshank's testimony before the Royal Commission on Vaccination may be compressed into two memorable sentences:

> We have no known test by which we can possibly distinguish between lymph which is harmless, and one which might be harmful to the extent of communicating syphilis.

And,

> Inoculation of cowpox does not afford the least protection from the analogous disease in man—syphilis; nor do cowpox, horsepox, swine-pox, cattle-plague nor any other radically dissimilar disease, exercise any protective power against human smallpox.

Sir James Paget is one of the bright particular stars in the medical galaxy, whose portrait is seen on the walls of most medical academies; but medical historians of the Haggard-Hoffman pattern—special pleaders for "preventive medicine"—are discreetly silent about Paget and his anti-vaccinist leanings. They are more than discreetly silent about Creighton and Crookshank, whose very names have been erased from works of medical biography and even from the encyclopaedias under the control—as so many things are—of the powerful Medical Trust.

After the publication of Creighton's article on Vaccination in the 9th edition of the Encyclopaedia Britannica, and of his book (1891) entitled *Jenner and Vaccination; a Queer Chapter in Medical History,* this scholarly medical liberal and witness for the truth about vaccination suffered the usual professional ostracism meted out to the truth-tellers of orthodox medicine. He was ousted from his professorship at Cambridge, hounded and jeered at. by his medical brethren until his death, in poverty and obscurity, a few years ago. In the edition of the Britannica following the Ninth, Creighton's article was dropped, and one was substituted which was written by Dr. S. Monckton Copeman—the reputed inventor of glycerinated virus—who gave a roseate account of the fruits of vaccination—of course.

From the many prominent medical witnesses against vaccination in England within the past 50 years, we select a few outstanding ones for the earlier and later periods. Dr. Edward Ballard, one of her Majesty's Vaccine Inspectors in 1868, testified: "It is in very truth implanting the seeds of disease." Dr. Charles T. Pearce, for many years Registrar-General of England, called it "the infliction of a disease transferred from the brute." Dr. Edward Haughton pronounced vaccination "quackery by Act of Parliament," and Dr. Walter Hadwen calls it "the most gigantic piece of quackery ever exploited among civilized people."

Dr. John Stewart, (in Vaccination Inquirer, Vol. IX, 123), said: "I consider vaccination one of the greatest humbugs ever foisted on human beings." Dr. W. J. C. Ward, M.R.C.S. at Harrowgate, among many others confesses to a change of heart on the subject. He says: "I believed that vaccination prevented smallpox. I believed that if it did not absolutely prevent in every case, it modified the disease, and I believed that re-vaccination if only frequent enough, gave absolute immunity. Experience has driven all that out of my head. I have seen vaccinated persons get smallpox, and persons who had been re-vaccinated get smallpox, and I have seen those who had had smallpox get it a second time and die of it."

And the venerable Archdeacon Colley laid this at the feet of the Royal Commission: "Vaccination mingles in a hideous communion of blood all the disease taints of the community. Every hereditary sewer is made to open up in the nursery. It pours every disease and sifts every lust and ventilates every uncleanness through the fragile bodies of our little children. How can we keep silent in the presence of this terrible evil forced upon us by law?"

Sir William Collins, a member of the Commission and who prepared the Minority Report of the dissenting members, told them: "If I had the desire to describe one-third of the victims I have seen ruined by vaccination, the blood would stand still in your veins."

The foregoing quotations are just a fraction of some anti-vaccinist testimony compiled by the Reverend James Wallace of Campsie, Scotland, who should be good authority for the Presbyterians. Nor are his witnesses for the opposition drawn entirely from England and Scotland. He quotes Professor Adolph Vogt, who held the chair of Vital Statistics and Hygiene in Berne University for 17 years, as saying:

> After collecting the particulars of 400,000 cases of smallpox, I am compelled to admit that my belief in vaccination is absolutely destroyed.

He also quotes Dr. Carlo Ruata, Professor of Materia Medica at the University of Perugia, Italy, as authority for the following statistics from Japan:

> Between 1886 and 1892, 25,474,370 vaccinations, re-vaccinations, and re-re-vaccinations took place in Japan, which means that about two thirds of the entire Japanese population, already well-vaccinated by the law

> of 1872, were re-vaccinated. And during that 7-year period—1886-1892—of thorough re-vaccination in that country, there were reported 156,175 cases of smallpox with 38,979 deaths.

The gravamen of this opposition testimony, however, was not so much the proven failure of vaccination as a prophylactic, as its active stimulation of other and worse diseases than smallpox. This is the conclusion drawn from a wide survey of anti-vaccination literature, the very titles in some instances indicating the ground of opposition. Examples of this are *Vaccination a Delusion; Its Penal Enforcement a Crime,* by Alfred Russel Wallace, the English scientist who shares with Darwin the co-discovery of the principle of Evolution; *The Horrors of Vaccination,* by Charles M. Higgins, publicist, philanthropist, and millionaire manufacturer of Brooklyn, N. Y.; and *The Crime of Vaccination,* by Dr. Tenison Deane of San Francisco, police surgeon, army surgeon, and one-time Assistant Professor of Surgery at the San Francisco Polyclinic. And these are only a few of the many eminent and reliable witnesses to the inherent dangers in smallpox vaccination.

Very significant and interesting in this connection is the statement of Prof. Haggard (page 220 of *Devils, Drugs and Doctors),* that the main ground of active opposition to vaccination is "the personal inconvenience involved in the *individual participation"!*

If one tithe of the suffering and death entailed by vaccination as reported by these high authorities be true, one readily understands the objection to "personal participation" in the gruesome ceremony. With a singular ignorance—or disregard—of historic fact, the author of *Devils, Drugs and Doctors* continues (p. 231):

> The Society of Anti-vaccinationists was founded in the year that Jenner published his work, and still continues actively. Its recruits come from that large class of persons who mistake fanatical opposition for intelligent criticism. Many of its members continue to confuse vaccination and inoculation. They still believe that vaccine virus is transmitted from person to person as it was in Jenner's early experiment.

Now let us check up a bit on the historic accuracy of this learned Yale professor. Jenner's "published work"—by which we presume is meant his famous *Inquiry*—was issued in 1798. The first publications in opposition—of which we have record—were two pamphlets, one called *Our Medical Liberties* by Mr. John Gibbs in 1854, and the other, *The Evils of Vaccination,* by his cousin, G. S. Gibbs, in 1856.

Neither of these pamphlets appeared until the first compulsory vaccination law went into effect (1854) and after Jenner had been dead for more than thirty years. It was 10 more years—during which ample opportunity was afforded to observe the effects of compulsory vaccination—before the Anti-Compulsory Vaccination League was organized in London in 1866. This society, enlarged and re-organized in

1880, was finally merged into the British National Anti-Vaccination League (Feb'y 1896) which name it now bears. Its headquarters are at 25 Denison House, 296 Vauxhall Bridge Road, London S.W.I. Its official organ is *The Vaccination Inquirer,* a magazine of authentic information, and the personnel of its directors and Executive Council comprises some of the most famous names in England—titled personages, Members of Parliament, engineers, inventors, authors, clergymen, jurists, and even medical men who write after their names the initials which signify "Member of the Royal College of Physicians and Surgeons."

The objects of this British National Anti-Vaccination League as advertised in its literature, are: (1) The entire repeal of the Vaccination Acts. (2) Repeal of all regulations for vaccination in the Army, Navy, Civil Service, Municipal and Educational Services. (3) Maintenance of the legitimate freedom of the public in matters of medical treatment.

That the reader may know just who are these British anti-vaccinists sponsoring the above enumerated objectives, and judge for himself whether they belong in Dr. Haggard's category of "the fanatical and unintelligent"—we herewith reproduce the list of the official staff of The National Anti-Vaccination League, issued from its headquarters in 1929:

President—Lady Isabel Margesson
Treasurer—J. C. Swinburne-Hanham Esq. J.P.
Secretary—Miss L. Loat
Vice-Presidents—The Countess of Donegall
The Earl of Dysart
The Duchess of Hamilton
The Lady Maud Warrender
The Viscount Harberton
Lady Dorothy Lee Warner
B. P. Allinson M.R.C.S., L.R.C.P.
Major R. F. E. Austin M.R.C.S.
M. Beddow Bayley M.R.C.S., L.R.C.P.
W. J. Ellis Morgan M.R.C.S.
Mrs. Alice Kerr M.D., L.C.R.P.
C. H. Betts, LL.D.
H. Fergie Woods M.D., M.R.C.S., L.R.C.P.
Herbert Snow M.D. and H. Becker M.D.
T. G. Vawdrey M.R.C.S., L.R.C.P.
J. T. Biggs J.P. and John H. Bonner
H. G. Chancellor and H. B. Knight Chorley
W. P. Ellmore and H. G. Grimley
Joseph Harrison and George Newman
Rev. Lionel Lewis M.A. and John Brown
Arnold Lupton M.P., J. E. Morgan J.P.
Mrs. F. Pennington, Wm. Stebbings
C. Stirling Saunder L.R.C.P.
H. V. Knaggs M.R.C., L.R.C.P.

The Executive Council of this Anti-Vaccination League includes the names of 27 persons prominent in English professional and official circles, and its membership comprises many more—besides its officials—of like standing. It seems incredible that Dr. Haggard would charge persons of this caliber with being unable to discriminate between vaccination as now practiced, and the arm-to-arm inoculation of Lady Montagu's day, and which has been punishable by law in England since 1840.

Does Dr. Haggard really think to persuade us that men like Alfred Russel Wallace, Herbert Spencer, Charles Creighton, Edgar M. Crookshank, and the British Prime Ministers Gladstone and Asquith, didn't know English law, and that their opposition to vaccination was based on ignorance of its history and pathology? How does Dr. Haggard explain the action of the British Parliament in repealing the compulsory feature of the Vaccination Act upon the recommendation of a Royal Commission, after seven years' investigation of the practical workings of vaccination during one hundred years of its history? And why does he make no mention of this reverse vaccination legislation in England, nor of the work of that Royal Commission which—much against its pro-vaccinist inclinations—recommended it, in his *Devils, Drugs and Doctors?*

It looks a bit as if this Yale Professor of Medicine were an outstanding example of John Stuart Mill's famous saying that "He who knows only his own side of a question, knows very little of *that."* If he would but study some of the evidence in the literature put out by Anti-Vaccination authorities in England and America, he might be saved from making his own work ridiculous by including such palpable errors as those above cited. Let him ponder, for example, these statements issued by the British National Anti-Vaccination League in 1929, and which are backed by all the reputable and responsible names it carries:

> Infant vaccination was made compulsory in England and Wales in 1853 by the Act of a Parliament misled by false statements.
>
> As soon as compulsion began, opposition began. Vaccination caused terrible illness, and as calculated from the Registrar-General's figures, it killed 14,000 infants a year and probably permanently injured 140,000 a year.
>
> Parents were fined for refusing vaccination of their children, and imprisoned if the fines were not paid. Anti-vaccination societies were formed all over the country, and quite independently of the London Society and the National Anti-Vaccination League, they raised many thousands of pounds to help their suffering friends.
>
> The contest has now gone on for 76 years (1929), and antivaccinists have gained the following points:—
>
> (1) Repeated penalties for the same child are abolished. (2) The doctor must vaccinate at the parents' house if so desired. (3) Exemption from prosecution if the father signs a statement of conscientious objection

> in the presence of a Magistrate or Commissioner of Oaths, and delivers it to the Vaccination Officer before the infant is four months old. (4) Territorials are not obliged to be vaccinated. (5) Soldiers during the War were not obliged to be vaccinated, but now new recruits for the Army are required to be vaccinated. (6) The Board of Education does not require teachers to be vaccinated. (7) In the Post Office and Civil Service, conscientious objectors need not be vaccinated. (8) As a result of the 'Conscience Clause' (Vaccination Act 1907) less than 45 percent of children annually born are now vaccinated, and there are now (1929) in England and Wales about 6 million unvaccinated children under 15 years of age.

That an organized, systematized crusade for an idea, extending over three-quarters of a century, and being able to wrest from the strongly entrenched forces of Official Medicine such concessions as above enumerated, could be the work of fanatical ignoramuses—may commend itself as a rational assumption to a Yale Doctor of Medicine; but the average common-sense layman will reject it.

But perhaps these English voices are too far away to impress our medical patriots in America, who may be imbued with the spirit of the Neo-American movement to exclude foreign propaganda of whatever kind. So let us turn to the list of American anti-vaccinists—in the hope of arresting the attention of Messrs. Haggard, Hoffman, Dana et al.

We note first among medical men opposed to vaccination, Professor Robert A. Gunn of New York, already quoted in a previous chapter: Dr. Wm. Hycheman of New York, who after forty years' practice registered his protest against the calf-pus voodoo-ism in the words:

> I have recently dissected the bodies of a dozen children whose deaths were caused by vaccination, and no smallpox—however black—could have left more hideous traces of malignant sores, foul sloughing, hearts empty or congested, than did some of these examples of State physic.

Dr. J. W. Hodge of Niagara Falls, N. Y., in the *Medical Advance,* July 1909, said:

> The human race while groaning under the previous burden of its own diseases, is having added to its stock the diseases of the brute creation . . . Corpse lymph from human cadavers, and from diseased calves is making millionaires of vaccine manufacturers and corpses of our children.

Dr. Charles E. Page of Boston, pronounced vaccination "the supreme folly of the medical profession." The attitude of another Bostonian, Dr. Chas. F. Nichols, is indicated in the following statement:

> In India, according to an official return presented to the British House of Commons by Viscount Morley, there have been during 30 years—1877 to 1906—3,344,325 deaths from smallpox of persons presumably vaccinated, for vaccination is universally enforced in

> India. . . . In each and every community where vaccination ceases and strict sanitation is substituted, smallpox disappears. There are no exceptions to this.

Dr. Walter M. James of Philadelphia, says:

> Vaccination does not stay the spread of smallpox nor even modify it in those who get it after vaccination. It does introduce into the system—and therefore contributes to the spread of—tuberculosis, cancer and even leprosy. It tends to make more virulent epidemics of smallpox and to make them more extensive. It does just what inoculation did—causes the spread of disease.

Dr. Haggard will please take notice that here is an American opponent of vaccination—and a medical man too—who does not "confuse vaccination with the inoculation practiced in Jenner's time." Dr. Wm. Brady of Chicago, though an advocate of vaccination, gives some very pertinent anti-vaccinist testimony in the following significant statement:

> No one knows what Vaccinia is, whether a 'take' gives the subject cowpox or a modified form of smallpox. No one knows whether cowpox is a distinct disease, or smallpox modified by passing thru the animal. *Nobody has discovered the germ or organism which we believe causes smallpox. No one can be absolutely certain that the virus employed for vaccination will not convey to the vaccinated some accidental infection as well as vaccinia.*

Dr. Alexander Wilder, editor of the *N. Y. Medical Times,* professor of Physiology in the U. S. Medical College of New York, and author of *Wilder's History of Medicine,* contributes this to the anti-vaccination symposium of medical opinion:

> Vaccination is the infusion of a contaminating element into the system, and after such contamination you can never be sure of regaining the former purity of the body. Thus tainted it is liable to a host of ailment. Consumption follows in the wake of vaccination as certainly as effect follows cause.

Dr. George William Winterburn, in his *Non-Partisan Review,* thinks "the immediate danger from vaccination has been greatly exaggerated"; although he admits that he himself had compiled "a list of upwards of a thousand who had suffered permanent injury or death from the operation." But probably to very many people, more impressive even than these medical witnesses against vaccination, will be the names of certain prominent lay anti-vaccinists, whose opposition to this particular form of medical voodooism may not be so generally known. Bismarck in Germany; Voltaire and Victor Hugo in France; Gladstone, John Bright, Alfred Russel Wallace, Herbert Spencer—and more recently Premier Asquith, G. K. Chesterton and George Bernard Shaw in England, were—and are—avowed opponents of the cowpox guild.

In America, that grand triumvirate in the world of industry and applied science—Henry Ford, Luther Burbank and Thos. A. Edison, were known among their friends as anti-vaccinists. In the world of letters, Mark Twain, Elbert Hubbard, Robert Ingersoll and Wm. Dean Howells gave frequent expression to their anti-vaccination views by the spoken and written word. In the business world, the late John Pitcairn of Philadelphia, banker, railroad official and manufacturer on a large scale in various fields, was the first president of the American Anti-Vaccination League, organized in Philadelphia in 1908; and dying in 1916 he bequeathed his anti-vaccinist faith to his two sons, Raymond and Harold Pitcairn, Philadelphia bankers, who are now directing spirits—together with Chas. T. Root, head of a large publishing house, and Wm. D. Baldwin, president of the Otis Elevator Co.—in the *Citizens Medical Reference Bureau,* in New York City.

This is an organization of business men, formed for the purpose of combating the evils of compulsory vaccination and other forms of State-sponsored medicine, and to combat them with ammunition taken from Regular Medicine's own arsenals—facts and opinions derived from medical records and authorities. It keeps tab on medical literature, and issues bulletins exposing the falsities of medical propaganda and calling the turn on Public Health official crookedness. If anybody is libeled by statements issuing from this Reference Bureau, these gentlemen who are back of it are very financially responsible.

Another prominent anti-vaccinist in American business life was the late Chas. M. Higgins of Brooklyn, N. Y., who was also actively associated with many civic and philanthropic organizations. Mr. Higgins spent $25,000 in gathering data from England and other countries, much of which he incorporated into his book, *The Horrors of Vaccination Exposed.* For several years Mr. Higgins carried a paid advertisement in one of the big New York dailies calling on the N. Y. State and City Health Departments to open their books, and he would undertake to prove from their own records—juggled as many of their reports were—that "there had been more deaths from vaccination than from smallpox in New York every year for the past 15 years." His challenge was never accepted.

A striking confirmation of Mr. Higgins' contention on this point was furnished by a survey made of vaccination casualties in the public schools of the rural districts and smaller cities of New York in 1914. This survey was undertaken by Mr. Jas. A. Loyster, editor of a newspaper at Cazenovia, N. Y., who purposely left out of his field of investigation the larger cities, such as Greater New York, Albany, Buffalo, Syracuse, etc., because of the difficulty of obtaining reliable data from these metropolitan centers. Mr. Loyster's interest in the matter grew out of the death of his only son, a sturdy, healthy lad of 11, which occurred as a sequence of vaccination in 23 days from the time of the operation.

Despite this tragic happening, the father says—in the preamble to his report—that he purposely refrained from reading any anti-vaccination literature before beginning his survey of the schools, in order that he might keep a free open mind for facts—*and facts only.* He had consented to the boy's vaccination, having been vaccinated himself in childhood and survived, and not even the boy's fate had wholly convinced him of the folly of vaccination. But he found as the result of his "painstaking inquiry"—and incorporated in his published Report—that there had been 27 deaths from vaccination, and twice as many cases of serious illness—followed in some instances by permanent disability—in this partial list of N. Y. school children in 1914, while *in the whole State of New York for that year there had been but three deaths from smallpox!* Not that the death certificates for these 27 victims of vaccination in the Loyster report named vaccination as the immediate cause of death. The guardians of the calf-pus ritual are much too wary for that. The assignable causes of death in these instances were variously distributed among the following diagnoses: infantile paralysis, spinal-meningitis, tetanus and diphtheria—although some of them read "following vaccination."

But since it was an undisputed fact that all of these children were in normal health until vaccinated and developed the aforesaid fatal maladies within from one to three weeks after vaccination, the Loyster report simply adds one more example of the "substitution theory of disease" taught by Creighton, and the changeful character of the disease-breeding hypodermic attested by other high medical authorities. Dr. Tennison Deane of San Francisco, in his *Crime of Vaccination,* tells a remarkable story illustrative of this truth.

Dr. Deane relates that he was summering in Northern California in the late 80's, near a wealthy ranchman who lived with his wife and seven children on a 10,000-acre ranch in a salubrious pine region, 15 miles from the nearest town and having no adjacent neighbors. With him on the ranch at that time was a negro foreman who also had a wife and five children. Until Dr. Deane appeared on the scene, none of these 16 persons—white nor black—had ever been vaccinated.

As a zealous young practitioner, very close to his medical school traditions, Dr. Deane quickly warned these ranch-dwellers of their "unprotected" state and was able to persuade six of the sixteen—the farmer's wife and three children, the negro foreman and his 12-year-old son—to submit to the vaccinating operation. "A year later," writes Dr. Deane, "an epidemic of

sore throats broke out in this ranch colony *which developed into diphtheria in four of the vaccinated,* among them the farmer's wife, and one child died. The unvaccinated recovered rapidly from their sore throats, but the farmer's wife was paralyzed for a year and eleven years later died of cancer."

It seems that the San Francisco physician was so impressed by this unexpected turn of his well-intentioned vaccinating zeal, that he not only kept tab on the subsequent history of the two families on the northern ranch, but watched the connection between vaccination and other maladies occurring in his general practice. He learned that the other four persons whom he had vaccinated on the ranch all died either of tuberculosis or cancer within four to twenty-two years from the date of vaccination, while none of the unvaccinated in either family died within that period except the white farmer who, he says, "died of old age."

Dr. Deane relates that for many years after this early experience with vaccination on the Northern California ranch, when a patient came to him with any serious throat, bronchial or pulmonary trouble, he made a point of inquiring into his past history, and invariably he found a back-ground of calf-pus "immunization" against smallpox. Then when he felt he had sufficient data to warrant it, he published *The Crime of Vaccination* (in 1913), which brought down on him the wrath of his medical colleagues, and made his professional life in San Francisco so unhappy that he voluntarily withdrew from all medical assemblages and finally abandoned all medical practice except surgery.

A very significant pointer as to the strength of anti-vaccinist sentiment in America, is afforded by the vaccination laws of the various States of the Union. In only 9 of them, comprising 25 percent of the population, is vaccination enforced by law; in 6 others it is left to the discretion of local health authorities; whereas 28 States, comprising 60 percent of the people, have no vaccination requirement, and in four, compulsory vaccination is specifically forbidden.

It is worthy of note that the City Council of Chicago, the second city in size in the United States and the home of the American Medical Association, in January 1926 passed the following city ordinance:

> The Board of Health shall pass no rule or regulation which will compel any person to submit to vaccination, or injection of any virus, or medication, against his will or without his consent; or in case of a minor or other person under disability the consent of his parent, guardian or conservator. And nothing in this ordinance contained, or in any other ordinance heretofore passed and in force in this city—shall be construed to authorize or empower any person or officer to so vaccinate, inject, or medicate, without such consent; or to authorize or empower the said board of health to adopt any rule or regulation requiring or authorizing any such vaccination, injection, or medication.
>
> Ordinance Amending Sec. 1781 and Sec. 1783 of the Chicago Municipal Code of 1922. Jan'y 13, 1926.

It is worthy of note also, that the following year, the medical Health Commissioner for the City of Chicago, Herman N. Bundesen, M.D., wrote a letter to the editor of the

Trenton, N. J., *Gazette, denying that Chicago had at any time passed an ordinance prohibiting compulsory vaccination against smallpox!* This letter is of date Feb'y 9, 1927, and a photostatic copy of it is on file and may be seen at the offices of the American Medical Liberty League in Chicago.

Equally illuminative of the intent to suppress authoritative and unimpeachable anti-vaccination testimony, was the striking out from Alfred Russel Wallace's *Wonderful Century,* its Eighteenth Chapter, called by the author "Vaccination a Delusion; Its Penal Enforcement a Crime," and the substitution twelve years after Wallace's death of a chapter of quite different import—extolling the "triumphs of modern surgery" and the benefits of "preventive medicine." Proof of this literary "grave-snatching" will be afforded any one who cares to compare the earlier and later editions of *The Wonderful Century,* which may be seen—if nowhere else in America—in the Congressional Library at Washington, D. C.

In view of the foregoing cited censorship of anti-vaccinist authorities and literature, it is small wonder that the average American—well-informed on other subjects—is sunk in abysmal ignorance of the history and pathology of vaccination. He accepts it unquestioningly on the *ipse dixit* of his family doctor, who in turn accepts it unquestioningly from his medical professor, unless he is more intelligent and better informed than his medical-school instructor, in which case he will side-step inquiries about the virtues of vaccination by simply affirming with an evasive shrug: "Oh, it is one of our traditions!" If the same effort had been put forth to suppress the facts of American history as has been made to suppress and distort the truth about vaccination and its well-attested fruits, the average High School pupil today would not know whether George Washington or Theodore Roosevelt had been our first president, and the battles of San Juan Hill and Bunker Hill would mingle in hopeless confusion in his mind.

As an outstanding example of this, take the suppression of the following official Report issued by the U. S. Bureau of Animal Industry in May 1909:

> The recent (1908) outbreak of cattle plague or "Foot and Mouth Disease" in Michigan, New York, Pennsylvania and Maryland, started from calves used in the manufacture of smallpox vaccine virus thru a strain obtained from a foreign country, and which had evidently been contaminated with the virus of Foot and Mouth Disease. The main facts regarding the outbreak are, that the H. K. Mulford Company of Glen Olden, Pa., imported from Japan in 1902-3 a vaccine virus containing the Foot and Mouth infection; but that this was not discovered until Parke, Davis and Co. of Detroit—who had obtained some of it from the Mulford Co. in 1908—sent the calves which they used as vaccinifers back to the Detroit stock yards where they came in contact with shipments of cattle from other States as well as from Michigan. Some of these cattle were re-shipped to Danville and Watsontown, Pa., where the Foot and Mouth Disease first appeared, and later spread to the other States mentioned.

This Report was released for publication by the Bureau of Animal Industry on May 17, 1909, and appeared as a news item in a few metropolitan dailies in Washington, Chicago and elsewhere, but evoked no editorial discussion and widespread comment such as one might reasonably expect from a news item of such startling and momentous import. To the anti-vaccination zeal of a public-spirited citizen, Mr. Higgins, of Brooklyn, we are indebted for rescuing this official Report from oblivion. He has incorporated it into his book, *Horrors of Vaccination* (pp. 99-100), and says he obtained a copy of the Report from the Bureau at Washington, "where it may still be seen though it is now out of print."

Apparently it became "out of print" very shortly after its first issuance, as a number of persons who wrote to the Government for it were unable to obtain a copy. Yet it was based on the findings of Drs. Mohler and Rosenau, official investigators for the Bureau, and this was the Dr. Milton J. Rosenau who later became Professor of Preventive Medicine and Hygiene in Harvard Medical School, and wrote the book of that name before referred to in this volume. They explained the fact that the Mulford Company used the same virus for so long without transmitting this infection to outside cattle, by saying it was the practice in this firm "to kill the calves which they had used as vaccinifers"; whereas the Parke, Davis Company *"rented their calves and placed them again on the market shortly after the vaccine material was taken from them"!*

"Thus," said Drs. Mohler and Rosenau, "the disease spread from the vaccine stables of Parke, Davis & Co., but not from those of the Mulford Company, although it was the vaccine virus from the latter establishment that infected the former's cattle." But as Mr. Higgins very graphically points out in his book, the Mulford Company in using this virus on human beings and producing disease symptoms analogous to Foot and Mouth Disease in the animals, inflicted even greater suffering than among the herds, terrible as that was. The loss in the cattle epidemics could be estimated in dollars and cents—and it ran into hundreds of millions—but the loss in human life and misery was incalculable.

Senator Money of Mississippi, speaking in the U. S. Senate, February 25, 1909, on the Agricultural Appropriations Bill, was reported in the *Congressional Record* as saying *in re* the Hoof and Mouth plague:

> This is an important question with respect to cattle, but it is very much more important to human beings in this country. . . . We now run the constant danger that has been manifested very unpleasantly in several localities, of vaccinating children and grown people with these imported vaccine points and communicating to them Foot and Mouth Disease which is as bad as smallpox."

Drs. Rosenau and Mohler who conducted the "Foot-and-Mouth-Disease investigation for the Government, and brought in a report which fastened the responsibility upon vaccine-virus, nevertheless attempted to save the practice of vaccination from disrepute with the following disingenuous statement:

> No instance of the transmission of Foot and Mouth Disease to man thru vaccine virus has been recorded, and it is considered doubtful, in view of the tests made, if it is possible to reproduce the disease in him by the cutaneous inoculation commonly used in the process of vaccination.*

This medical voodoo propaganda seeps through to the public from the fertile fields of well-paid journalism, and from the snow-peaks of highbrow literary criticism. An example of the former is the dean of American newspaper columnists, who told the multi-million Hearst readers a few years ago, that "those who deny the value of scientific vaccination belong in the lower kindergarten grades"! Some one must have exercised unusual diligence in making the history of vaccination a closed book to Mr. Brisbane.

When the Scopes Trial at Dayton, Tennessee, 1925, focused the world's attention upon the narrowness of certain religious dogmatists, H. L. Mencken, easily chief among the scornful sitters-in-judgment on religionists of every variety—while he swallows medical dogmas bait-hook-and-sinker—took occasion to remark that these benighted Tennessee "fundamentalists" who preferred Moses to Darwin, were the same "homines boobientes" who reject and oppose "the scientific methods of orthodox medicine."

Yet strange as it may appear to this champion of "regular" medicine, it was these same trusting "boobientes" who wrote the anti-evolution law into the Tennessee statute books, who also wrote the compulsory vaccination law into them—or speaking more accurately, they permitted the Vaccine Industry and the Medical Trust to write it for them. The same order of faith that could accept without a tremor the rib story of Mother Eve, could quite logically accept the family doctor's dictum that calf-pus injected into a human blood-stream would frighten away smallpox.

But there were exceptions to this dual gullibility—even in Tennessee. While the Scopes trial was in progress—or shortly before—a refined, intelligent Tennessee mother was permitted to plead her own cause before Judge Malcolm R. Patterson, a former governor of Tennessee. She had been arrested with her husband for violating the Tennessee compulsory education law, after their children had been sent home repeatedly from school because of their parents' refusal to comply with the compulsory vaccination law.

After listening to Mrs. Allen's reasons for opposing vaccination, this wise, liberal Tennessee jurist said: "I quite agree with your views, my good woman. I made up my own mind about that vaccination business some time ago, and if I had my way, I would not permit it. But I am compelled to pass on this case according to the law, etc." Thus it appears, while one of Tennessee's "blue laws" sets Mr. Mencken quite

* Official Report of Bureau of Animal Industry, 1909.

apart from the despised "fundamentalists" and "boobientes," another—and by far the worse one—brings him into closest intellectual and spiritual affiliation with these objects of his scorn. Probably one of the few things left for him to learn is that perfect consistency in this matter can only be maintained, either by the acceptance or rejection of *both* the religious and the medical dogmas. Bernard Shaw who rejects both, and refuses to take orders from either preachers or doctors, yet believes the religious faith the more respectable of the two. He asks: "Which is the saner rite, bringing little children to be baptized of water and of the Spirit, or sending the police to force their parents to have injected into their blood the vilest social strain of which we have any knowledge?"*

Shaw apparently had accepted the opinion of the great authorities of the latter part of the 19th Century who held that cowpox was analogous to syphilis in man, and a recent exchange of letters between a London doctor and himself shows that he has found no reason to change his views on the subject. We commend this correspondence to Messrs. Mencken and Brisbane, should they chance upon this chapter. In July 1931 a certain Dr. Pabst addressed George Bernard Shaw as follows:

> A few years ago I believe you stated that you were opposed to vaccination. It has been said that great men frequently change their minds, and I should like to ask whether you still condemn vaccination?
>
> Will you forgive me if I ask whether you have ever been successfully vaccinated? The subject of vaccination is one that interests millions of persons, and is my excuse for asking these personal questions. With best wishes for a long, healthy life, I am,
>
> Yours very truly
> Chas. F. Pabst, M.D.

And this was Shaw's reply:

> London, July 19, 1931.
>
> Dr. Pabst:
>
> I was vaccinated in infancy and had 'good marks' of it. In the great epidemic of 1881 (I was born in 1856) I caught smallpox. During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the re-vaccinated cases as pustular eczema, varioloid, or what-not—*except* smallpox.
>
> I discovered a suppressed report of the Metropolitan Asylums Board on a set of re-vaccinations which had produced extraordinarily disastrous results. Meanwhile I had studied the literature and statistics of the subject. I even induced a celebrated bacteriologist to read Jenner. I have no doubt whatever that vaccination is an unscientific abomination and should be made a criminal practice.
>
> (signed) G. Bernard Shaw.

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* Preface to *Joan of Arc.*

No, Shaw wasn't a doctor, but he didn't need to be, to catch them cheating on the records.

CHAPTER VII

Enter Pasteur with the Microbe

One hundred and fifty years before Louis Pasteur, "the father of the germ theory of disease," was born, a Dutch lens-maker, Antony Leeuwenhoek, looking through one of his bits of ground glass, found microbes, first in rain water, and afterwards in many other places including his own mouth. He was the first of the "microbe hunters," according to their idealizing biographer, Paul De Kruif, one-time attache of the Rockefeller Institute—the "fountain head" of microbic wisdom in America.

Leeuwenhoek, it seems, did no more than discover these micro-organisms, called in his day and for many years thereafter *animalcules*—"little animals," and to uncover their tiny, wriggling, cavorting bodies to human observation through his own hand-made microscopes. He was content to watch them, to record their activities in various mediums and the changes wrought in them by the action of heat and cold, and finally to bequeath his findings to the London Royal Society when he died in 1723 at the age of ninety-one.

Never a word from this stolid, plodding old Hollondais delver into Nature's secrets about the "menace" of animalcules. On the contrary, it was even given to him in his latest researches to see them as helpful scavengers in Nature's scheme of animal economy—as when he squinted through his most powerful lenses at these sub-visible "beasties" devouring embryos in the bodies of oysters, as related by De Kruif. And this was nearly two hundred years before the wisest of modern bacteriologists expounded this rational, constructive view of the proper function of microbes, in opposition to the Pasteurian theory about them.

The next act in the bacteriological drama—as staged by De Kruif, the romanticist painter of microbe-hunting—was played by an Italian, named Spallanzani, who followed Leeuwenhoek next in line of apostolic succession among microbe-hunters. He was more fortunately circumstanced as to worldly goods than the humble janitor and lens-maker of Delft. His father, Spallanzani senior, was a well-to-do lawyer of Scandiano in Northern Italy, who was well inclined to give his son, Lazzaro, all the advantages for classical and scientific instruction furnished at the University of Reggio.

The Italian microbe-hunter combined with a brilliant intellect and daring ambition a crafty sense of intrigue and diplomacy, which led him to make friends with civil and religious authorities even while secretly scoffing at all authority and questioning everything excepting the existence of God—or some sort of supreme being. Before the age of thirty, Spallanzani got himself ordained a priest of the Catholic Church and made a professor at the Reggio University. Soon "his name glittered in all the universities of Europe," writes De Kruif. "The societies considered him the first scientist of his day; Frederick the Great wrote long letters to him, and with his own hand made him a member of the Berlin Academy; and Frederick's bitter enemy, Maria Theresa, Empress of Austria, put it over the great king by offering Spallanzani the job of professor in her ancient and run-down University of Pavia in Lombardy."

De Kruif relates how "a pompous commission came, a commission of eminent Privy Councillors weighed down with letters and Imperial Seals, and begged Spallanzani to put this defunct college on its feet." And after much haggling and bargaining about salary—"Spallanzani always knew how to feather his own nest," says De Kruif—he took the job of Professor of Natural History and Curator of the Natural History Cabinet of Pavia. And all this fuss and feathers over the Italian professor—according to De Kruif —because he had worsted a brother priest, Father Needham, in an acrimonious controversy over the nature and origin of microbes which Needham declared could be generated spontaneously in gravy or "any dirty mess." The thing which caused them to arise thus, Father Needham named the "Vegetative Force."

This Spallanzani vehemently denied, and sputtered and raged at the bare mention of "vegetative force" while he busied himself with his experiments to prove his assertion that "microbes must have parents"; and that except that they might stand the heat of boiling water in his sealed flasks, they were "really no different from other animals."

Then one day in his laboratory Spallanzani tricked one animalcule away from its fellows into a drop of pure distilled water on a glass slide by means of hair-fine instruments. When he turned his microscope onto the lonely inhabitant of the pure water drop to see what would happen, he was amazed and thrilled to see the little rod-shaped creature getting thinner and thinner in the middle until the two halves jerked themselves apart, and there were two "little beasts" swimming in the clear water where there had been but one. Presently he saw the two children of the first one form four by the same act of subdivision, and thus he learned the secret of microbe propagation.

To have been the first to "isolate a germ"—a commonplace in modern bacteriologic research—and to establish it as an individual procreated entity, this was Spallanzani's claim to distinction among microbe hunters, according to historian De Kruif, who apparently feels that this is sufficient to clear the Italian's name from some pretty foul blots which he himself places against it. For he describes him engaging in the most heartless and disgusting cruelties in senseless experiments upon frogs and other small animals; and while lauding him as "a superbly honest scientist," admits that he resorted to lies and low, cunning plots to obtain money.

Finally in his 70th year, in 1799, the second of De Kruif's "great microbe-hunters" died in a fit of apoplexy, after first bequeathing his diseased bladder to the museum at Pavia—that they might learn something new about diseased bladders—and to the generation of microbe trailers who should come after him, this hastily drawn, ill-considered deduction: "A wee microbe always remains a microbe *of the same kind that its parents have been;* just as a zebra doesn't turn into a giraffe, or have musk-oxen for children, but always stays a zebra and has zebra babies."

One hundred and thirty-three years after this scheming, cocky Italian scientist was dead, leaving behind these "scientific" legacies for posterity, men and women—through ignorance of the laws of health—are still acquiring diseased bladders of their own; and the medical profession have advanced no further—in prevention or cure—than in Spallanzani's day, for their preferred prescription to date is still to "cut them out"! But certain bacteriologists of the present, wiser in their generation than the original microbe-hunters, have completely overturned Spallanzani's dictum about the unchangeable character of specific germs, by proving that these *do* lose their distinguishing characteristics, and take on entirely different ones, according to the medium on which they are grown and the temperature at which they are incubated.

Now a giraffe does not turn into a zebra merely by browsing on the zebra's preserves, neither does a horse become a cow when he chances to stray into the cow-pasture. These similes employed first by Spallanzani, and by all succeeding exponents of the doctrine of specific micro-organisms performing specific functions, are completely knocked out by the latest discoveries of modern bacteriologic research. Purely as an academic, scientific question, this need disturb no one save the academicians who are entertained by wrangling over it. Microbe-hunting and the opposing theories of those engaged in it had no practical significance for the man in the street until one of the microscopists sounded the alarm—"microbes are a menace"! This was done by the man whose name is most familiarly associated in the public mind with the subject of germs—Louis Pasteur, a Frenchman.

All the biographers agree that he was the son of a tanner of Arbois in Eastern France, and that he was born in 1822. De Kruif supplies the romantic touches by making the tanner an old sergeant of the armies of Napoleon, and his son Louis an artistic, sensitive lad, who at the age of nine had furnished a sort of picturesque foreshadowing of his future connection with rabies, by being a frightened spectator of a crude cauterization in a blacksmith shop of a wound inflicted by a "mad wolf" on a neighboring farmer. Later we see him—through De Kruif's limning—at the age of 20, sketching the river that ran back of the tannery, and painting portraits of his mother and sisters.

Few persons—save perhaps the hero-worshipers—will detect in the heavy jowl, dull, leaden eyes, and short, stubby beard of the Pasteur of medical portrait-galleries, any of the sensitivity belonging to the artist or poet—both of which according to De Kruif entered into the make-up of "the father of the germ theory"; or as he preferred to describe him "the Ulysses of microbe-hunters" and "a new John the Baptist of the religion of the Germ Theory."

To support these pretentious titles, the raconteur of "Microbe Hunters" accredits Pasteur with a long list of notable achievements, some of which the romanticist himself admits were borrowed from other and more modest investigators. Thus when Pasteur in 1856—while professor and dean of Sciences in the town of Lille—was appealed to by a local manufacturer of beet-sugar alcohol—M. Bigo—to tell him what was wrong with some of his vats—and found under his microscope the budding yeasts that turn sugar into alcohol, De Kruif triumphantly announced that Pasteur "had solved the ten-thousand-year-old mystery of fermentation"!

This chronicler had previously noted that another Frenchman, Cagniard de la Tour, "modest but original, poking round into beer-vats of breweries," had made this same discovery in 1837—almost 20 years before Pasteur's much heralded find. But as De Kruif naively testifies: "Cagniard was no propagandist, he had no press-agent to off-set his modesty." Lest any one say that Pasteur was ignorant of this prior claim to the discovery of the cause of fermentation, his biographer reports his muttering to himself as he gazed through his microscope at the little sprouting globules: "Cagniard de la Tour is right. These yeasts are alive. It must be the yeasts that change beet-sugar into alcohol." But there is no recorded mention of even a gracious acknowledgment of Cagniard's blazing trail from the self-centered and vain-glorious "Ulysses and John the Baptist of Microbe Hunters"! He arrogated all the glory of the discovery to himself, and he trumpeted it to the world—in letters to important personages, papers to the Academy of Sciences, and speeches to all and sundry—with all the blare of modern ballyhoo.

This much is attested even by his idealizing biographer, who says Pasteur "was too much of a child to be modest"; and that "the searcher in him turned showman" as he sought to "make the world gasp at this astounding news that French wine and German beer were not made by men, but by incessantly toiling armies of creatures ten-billion times smaller than a wee baby"! A less partizan chronicler would hardly have characterized as "childlike" Pasteur's crafty acceptance of the shrewd bargaining of the Lille beet-raisers and wine-makers: "Raise the sugar yield from our beets and give us a bigger alcohol output, and we'll see that you and your laboratory are taken care of." Nor dismissed so lightly his noisy and savage attacks upon the great German chemist, Liebig, who had explained the phenomenon of fermentation in terms of chemistry and was inclined to dispute the claims of the bacteriologists. Indeed, there is much in the career of "the father of the germ theory" which to a disinterested student of history might better justify a paraphrase of De Kruif's amiable apology in the truer statement that "the showman and moneychanger in Pasteur turned scientist," for revenue mainly.

His first—and according to much high medical opinion—his only original contribution to science, was the discovery which he made at the age of 26, that there are four distinct kinds of tartaric acid instead of two. Concerning this crystal finding of Pasteur's, Dr. Walter R. Hadwen had this to say: "To a crystallographer this was of unparalleled importance; to a scientific chemist it was a matter of curious interest; to the man in the street it meant nothing at all." At the time this discovery was made Pasteur was working in his chosen field of chemistry, with no thought of becoming the "Ulysses of the microbe-hunters."

But this chemical adventure—insignificant as it may have been from a practical view-point—was destined to bear substantial fruit for the adventurer, and to set his feet upon the high-road to fame and fortune. For it so happened that in the group to whom this finding of two extra tartaric acids was "of unparalleled importance," was an aged crystallographer named Biot, a wealthy and influential member of the French Academy of Science, to whose attention Pasteur's discovery was promptly brought. Pasteur would see to that. And so it came about that the aged scientist took the young chemist by the hand, introducing him to the savants of the Academy and tried to have him elected a member of it.

He failed in this, nor was Pasteur able to attain the fellowship of the Academicians during M. Biot's lifetime. But it was through his influence chiefly that the future "father of the germ theory" obtained the post at Strasbourg, and afterwards became Dean of the Faculty of Sciences in Lille, where he found the beet-sugar distilleries as above related, and thus—in De Kruif's picturesque phrase—"stumbled upon microbes and immortality." For after announcing that the yeasts which he found in M. Bigo's good vats were alive and the cause of healthy fermentation, Pasteur turned his microscope on the sick vats which refused to make alcohol, since these were the primary cause of the distiller's perplexity and because of which he had besought Pasteur's aid.

No yeasts—or ferments—could be found in the sickly beet pulp which refused to yield alcohol; but after much peering and muttering over his experiments with what he did find there, Pasteur burst forth from his laboratory to tell M. Bigo and the world—with characteristic fanfare—that he had found another kind of "wee beastie" in the sick beet juice, a little rod-shaped animalcule which he declared to be the cause of the trouble: "Keep the little rods out of your vats, M.

Bigo, and you'll always get alcohol." These "little rods," he also declared, made the lactic acid which causes milk left in the pantry over night to turn sour—a phenomenon which had puzzled many generations of house-wives.

And when his lactic-acid fermentations went wrong, as they did in some of his experiments, when "a nasty smell of rancid butter wafted up from his bottles," this most versatile of microbe-hunters met the difficulty by discovering and differentiating still another kind of "wee beast"—differing in some respects from the "little rods"—to account for rancid butter; and this last animalcule—the microbe of putrefaction—he held responsible for making meat go bad. But a German Doctor Schwann had published this fact away back in that same year—1837—in which Cagniard de la Tour had published his findings about "living, growing yeasts" being the essential, active principle in fermentation. And Schwann had said: "Meat only becomes putrid when subvisible animals get into it. Boil it thoroughly and exclude the air, and meat will remain fresh for months."

But as in the one case, so in the other, there was never a syllable of recognition or a scintilla of credit accorded these precursors in the same field of research by "the John the Baptist of the religion of the Germ Theory"! The aptness of this phrase—"the *religion* of the Germ Theory"—is very strikingly exemplified by the coiner of it, who freely recounts these and other plagiarisms by Pasteur, yet condones and excuses them—as well as his impudence in disputes with rival searchers, and his vulgar, ballyhoo methods of exploiting his egocentric vanity—all is forgiven—by the author of *Microbe Hunters* to the greater glory of having given to the world the very questionable postulate that "germs cause disease." This was questioned in Pasteur's own time by much riper scholars than himself. It has been questioned and denied by certain thoughtful researchers ever since; and in the present it is entirely repudiated by an advanced group of bacteriologists who affirm the converse proposition, that germs are *not the cause,* but the *effect* of disease. We will revert to this more in detail later on.

De Kruif gives a detailed account *{Microbe Hunters,* pp. 80-83) of how Pasteur proved that "germs are air-born"—another disputed point—by means of an experiment taken bodily from his friend, Professor Balard, a professor of chemistry in Paris; and of how a little later "at a brilliant meeting where the brains and wit and art of Paris fought to get in, Pasteur told of *his* experiment in rapturous words, shouting—'Never will the doctrine of Spontaneous Generation recover from the mortal blow that this simple experiment has dealt it'"! With never a word of acknowledgment to Balard whose experiment it really was, and De Kruif's only comment on the incident was: "If Balard was there you may be sure he applauded as enthusiastically as the rest. A rare soul was Balard"!

"And what a mean soul was Pasteur's," we think he should have added, to be willing to hoist himself into prominence on the fruit of his friend's invention without even a gracious gesture in his direction. But such, apparently, is the superstitious reverence in which the author of *Microbe Hunters* holds the causative germ theory of disease, which the world owes to Pasteur, that he would make it the all-enveloping mantle for his hero's thefts of other men's ideas and labors, and also for his unfairness, insolence and vulgarity in dealings with his contemporaries. On page 76 of the *Microbe Hunters* we find this euphemistic apology for his plagiarizing:

> As he went up in his excited climb toward glory and toward always increasing crowds of new discoveries, he regarded less and less what had been done before him and what went on around him. He re-discovered the curious fact that microbes make meat go bad. He failed to give the first discoverer, Schwann, proper credit for it.
>
> But this strange neglect to give credit for the good work of others must not be posted too strongly against him in the Book of St. Peter, because you can see his fine imagination, *that poet's thought of his, making its first attempts at showing that microbes are the real murderers of the human race!*

A little further on in these remarkable memoirs De Kruif pictures Pasteur rising in his seat one day—"to the scandal of the entire Academy and the shocked horror of all the great men of France"—to deliver a bitter, savage attack upon the celebrated Claude Bernard after his death, because some one had published an unfinished work of Bernard's which contradicted Pasteur's theories. "Vulgarly he shouted objections at Bernard who could not answer him from the grave," says De Kruif, and continues: "He published a pamphlet about his dead friend's last researches—a pamphlet in the worst of taste, accusing Bernard of having lost his memory. . . . Vulgarly, by all this criticism, he left people to conclude that Bernard was in his dotage when he did his last work. Without any sense of the fitness of things, this passionate Pasteur jumped up and down on Bernard's grave."

But even this and all other enormities of Pasteur's behavior, what De Kruif calls "his bristling, impudent air of challenge, his way of putting, 'am-I-not-clever-to-have-found-this-out-and-aren't-you-all-fools-not-to-believe-at-once' between the lines of all his writings and speeches," as well as his admitted purloining and meanness of spirit, are glossed over in the mind of the chronicler, and submerged beneath the great benefit he conceives to have been conferred upon the race by Pasteur's noisy proclamation of the pathogenic germ theory!

From finding microbes in putrid meat to finding them—or imagining them—in putrid diseases, was an easy step for Pasteur. A study of the diseases of silkworms—undertaken because of an epidemic among them in Southern France in

1865 which threatened to destroy the silk industry—tended to confirm his belief in the parasitic origin of disease. Through the influence of his old chemistry teacher, Prof. Dumas—who lived in the silk country—Pasteur was appointed by the Minister of Agriculture to investigate the silkworm mystery.

At the time the call came to him, "it is doubtful if Pasteur could have told a silkworm from an angle worm," according to De Kruif, who relates that Pasteur himself—with rare diffidence—protested to Dumas his ignorance of silkworms and their maladies—that he had never even seen one—and that he was very loath to go into the South country on the silkworm mission. It seems he sensed failure in the undertaking, "and above everything else Pasteur detested failure," says his biographer.

On the same authority, Pasteur's forebodings were realized in the failure of his first guess about the silkworm sickness. The farmers called it "pebrine"—the French word for pepper—because of the little black spots resembling pepper which appeared on the sick worms. But when Pasteur peered into their insides with his microscope, he found the "wee globules" which he had already decided were the primary cause of human ailments, and so "quickly he concluded that the globules were a sure sign of the disease." He called the Agricultural Committee together and gave them the following instructions:

> At the season of egg-laying, mate your moths, and after the eggs are laid, pin the father and mother moths down to a little board, slit them open and take out a bit of fatty tissue under their skin. Put this under a microscope and look for those tiny globules. If you can't find any, you can be sure their eggs are sound—and you can use those eggs for new silkworms in the Spring.

But when the next Spring came, the worms hatched from the eggs thus carefully selected according to these instructions turned Pasteur's confident prediction into a fiasco. In the graphic language of De Kruif, "when it came time for the worms hatched from eggs supposedly free from globules to climb their mulberry twigs and spin their silk cocoons, they either shriveled up and died, or were languid, lazy worms who would not eat and hung around at the bottom of their twigs, not caring whether there was ever another silk stocking on the leg of any fine lady in the world."

The silkworm raisers both upbraided and jeered at "the father of the Germ Theory," who, confused and chagrined, continued his experiments but got no light on the puzzle-picture. For, says De Kruif, "he came on broods of silkworms which fairly galloped up the twigs and proceeded to spin elegant cocoons, yet under the microscope he found these beasts swarming with tiny globules. He discovered other broods that sulked on their branches and died miserably, in which he could find no globules whatever. He became completely mixed up and began to doubt whether the globules had anything to do with the disease, etc."

It is further recorded, that after a few more unsuccessful experiments Pasteur became discouraged and quit; that his assistants became worried. Finally one of them, Prof. Gernez from the College Louis le Grand, went off to the North to study the silkworms of Valenciennes, and after a time Gernez returned with the exciting news that the silkworm sickness was caused by *a parasite which came from outside the worm!* To which De Kruif appends the still more remarkable statement that "it was six months before Pasteur was convinced that Gernez was right"—six months to convince him of his own doctrine proclaimed years before, that *"all micro-organisms are air-born"!*

De Kruif concludes his chapter on Pasteur's investigation of the silkworm diseases with a somewhat muddled account of how he patched up his first mistake with the farmers—summoning the Committee once more to tell them of his new discovery—*his* discovery, mind you, with no credit given to Gernez, as usual—that the "wee globules" invaded every part of the moth's body, and that it would be necessary to grind up the whole moth for microscopic examination in order to make sure which ones were free from globules. Doesn't sound like a very practicable scheme, nor does De Kruif's statement that Pasteur "went everywhere showing the farmers how to keep their healthy worms away from all contact with leaves that sick worms had soiled," carry deep conviction; although he closes the tale with a grand finale in which the restored prosperity of the silk raisers, "the tears of joy in old Dumas' voice," and a proposal to erect "a golden statue to the great Pasteur" in the town where his experiments were conducted—all mingle in brilliant incoherence.

Thus as in previous years Pasteur was permitted to usurp the credit for discoveries which it was claimed prevented the destruction of the wine and beet-sugar industries of his native country, so now in the silkworm disaster he is accredited with "having saved more money to the silk raisers than the war indemnity wrung from France by Germany after 1870." A little later he is featured rescuing the flocks and herds from the dread disease of *anthrax,* and still later he is acclaimed as the savior of mankind from mad dogs!

Seeing that Pasteur's chief biographers—before De Kruif took up the role of rainbow-painter for all the microbe-hunters—were his son-in-law, Réné Vallery-Radot, and his pupil Duclaux, whose fortunes were closely bound-up with those of the master juggler of microbian exploits, it is not surprising that there grew up during his life-time, and persisted for many years after his death, much popular misconception about the nature and scope of Pasteur's achievements.

Meanwhile in those slowly grinding mills of time there was brought to light in 1923 a mass of documentary evidence, which its compiler and publisher calls *A Lost Chapter in the History of Biology;* and which if we accept, completely revolutionizes the world's thought about Pasteur and his theory of disease germs. This book, entitled also *Béchamp or Pasteur?,* was the work of an English and American physician, Dr. Montague Leverson of London and Baltimore. And since it has received the endorsement of some of the ablest medical men of modern times—Dr. H. Fergie Woods, Chas. Stirling Saunders, and Reginald E. E. Austin, Members of the Royal College of Surgeons and Lecturers in the Royal College of Physicians, and the two leading English cancer specialists—Herbert Snow and Robert Bell—being just a few of those who might be named—a lay researcher of medical records can do no less than put before her readers the high lights in this "lost chapter," and leave to their discriminating judgment the comparative claims of these two microbe-hunters and their opposing theories.

It will bring to many persons their first knowledge of Pierre Jacques Antoine Béchamp, Professor of Medical Chemistry and Pharmacy in the Faculty of Medicine at the University of Montpellier from 1857 to 1875. For although he was the first man to give any rational explanation of the micro-organisms—both the ferments and the microbes—and to tell not only where the microbes come from and their proper function in the animal economy, but also what becomes of them after their work is finished, this greatest of all the microbe-hunters, Antoine Béchamp, has been strangely overlooked by medical historians; and De Kruif, seer of the heavenly microbian vision, and specially appointed bard of microbian epics, does not even mention him!

In the Lost Chapter, Béchamp or Pasteur?, rescued from oblivion by Dr. Leverson, and substantiated by official records in the French Academy of Sciences—from which the author draws copious excerpts and references—we see Béchamp, a contemporary of Pasteur and six years his senior, already a recognized figure in the scientific world—a master of pharmacy, a doctor of science and of medicine, which Pasteur never was—and a Corresponding Member of the Imperial French Academy of Medicine, at the time Pasteur made his lucky find of two extra tartaric acids and M. Biot.

From this well-documented and authenticated volume, compiled by Dr. Leverson and edited by the English writer, E. Douglas Hume, we learn also that most of the discoveries attributed to Pasteur—and upon which was built his apocryphal fame—really belonged to the quiet scholar and professor at Montpellier. For it is here shown that it was *not* Pasteur, but Béchamp, who "solved the 10,000-year-old mystery of fermentation"; and six months before Pasteur invaded the silk country to get his first look at a silkworm, Béchamp had sent to the Agricultural Society of Herault a full account of the pebrine trouble, its parasitic origin, and recommended the use of creosote in the treatment, which was found effective after much time and money had been wasted on Pasteur's remedy.

Concerning which, Dr. Lutaud, one-time editor of the *Journal de Médicine de Paris,* had this to say: "At the commencement of the silk trouble in 1850, France produced annually about 30,000,000 kilogrammes of cocoons. In 1866-67 the production had sunk to 15,000,000 kilogrammes. After the introduction of Pasteur's 'preventive method,' production diminished from 8,000,000 kilogrammes in 1873 to so low a figure as 2,000,000 kilogrammes of cocoons in certain subsequent years.

"And that is the way," says Dr. Lutaud, "in which Pasteur saved silk culture!"

But far more important than any contribution to material science, was Béchamp's teaching about disease germs, which Pasteur is supposed to have "fathered"—and whose "fathering" has been attended with such fearful consequences to mankind as well as to the brute creation. In the Pasteurian concept, every specific, separate malady has its specific causative germ—microbe or bacillus—to account for the trouble, and which—to borrow Bernard Shaw's satirical language—"was duly created in the Garden of Eden and has been steadily propagating itself in ever-widening circles of malignancy ever since."

"Yet it must be plain to anybody who will stop to think about it," says Shaw, "that had this been even approximately true, the whole human race would have been wiped off the earth long ago, and every epidemic, instead of fading out as mysteriously as it rushed in, would have spread over the whole world."

Béchamp's explanation of the origin and behavior of germs, however, is much more reasonable and worthy of credence, and since it has been vindicated by more recent researchers, it affords an agreeable alternative to the gloomy deductions from the Pasteur pronouncements.

According to Béchamp, the microbes or bacilli sometimes—not always—found associated with certain diseases, are not "air-born" as taught by Pasteur, *but have been evolved from the microzymas,* the name given by Béchamp to the smallest constituent elements of the cells which form plant and animal tissues. The "microzymas," which since Béchamp's time have been variously called by other observers "micro-somes," "molecular granulations" and "scintillating particles," are as much smaller than the cell as the electron is smaller than the atom; but they possess the fundamental properties of all living organisms in that they take nourishment, they grow, reproduce themselves and change their attributes.

Béchamp taught that the "microzymas" secrete the ferments which assist digestion and assimilation; that they are "the builders of the cells and therefore the primal architects of life"; and that when they encounter morbific matter in the dead or dying tissues of plants and animals, *they evolve into bacteria* (microbes and bacilli), in which capacity *they act as scavengers,* to disintegrate and eliminate the morbific matter—resulting from unexpelled body wastes—changing it back to living elements, such as is seen to be their mission when converting manurial fertilizers into nutriment for growing plant life. Thus the ultimate effect of these germs is toward the restoration of a lost chemical and metabolic balance, and their function, instead of being hostile and murderous, is friendly and eventually compensatory, even though the symptoms attending the cleansing and readjusting process may be painful and constitute what is called "disease" in its varied manifestation.

Béchamp's theory, if accepted, solves the puzzle of bacteriologists as to whether the germs are of animal or vegetable origin, by showing they may be either, since they are the evolutionary descendants of animal or vegetable *microzymas.* It likewise solves the age-long mystery—what becomes of the germs after the patient gets well?—whether one inclines to their beneficent or malevolent role in disease processes.

According to Béchamp, after finishing their work of decomposing and eliminating the waste products and morbid taints of the body, the microbes resume the form and attributes of the *microzymas,* to function as before. According to this teaching, the germs of disease *cannot exist primarily* in the air we breathe, in the food we eat or the water we drink, since they must have arisen in a sick body; yet they might be conveyed to all these media through animal excreta or decayed flora. But in any case, the bacteria are not the primary *cause,* but rather the *effect,* of disease, and in a proper understanding of their true functioning one may lose some of the terrifying effects of the Pasteurian teaching. This aspect of it was very well expressed by Dr. Park L. Myers of Toledo, Ohio, when addressing an assemblage of his colleagues a few years ago: "With all the wonderful strides of our medical science in 100 years, we still have the public as abjectly cowed today before the omnipotent hosts of bacteria as it was by the evil spirits and ghosts and witches of a past century."

Perhaps the best antidote for the microphobia here noted by Dr. Myers, would be a careful perusal of the theories and teachings about micro-organisms by Béchamp, particularly his microzymian doctrine, all of which are very fully set forth in the aforementioned volume—*Béchamp or Pasteur?*—and to this the interested reader is referred for further information on the subject. It would be difficult to find two men more opposite in mentality and temperament than the two microscopists dealt with in this book. Béchamp, the quiet, student type of investigator, was content to record his discoveries and file them with the Academy of Sciences; whereas Pasteur's achievements—real or faked—were trumpeted to the four quarters of the globe. Small wonder that for one person who has heard about Béchamp, millions have heard about Pasteur—from milk stoppers if in no other way!

But there were dissenting voices to all this chorus of acclaim and adulation even in Pasteur's day. Sir Lawson Tait, eminent surgeon of Edinburgh, Sir Henry Maudsley and Dr. Henry Bastian, both professors at the University College of London, united in declaring Pasteur's germ theory to be "an assumption of causes, of the existence of which we have no evidence, to account for effects which they do not explain." Dr. Bastian, author of a book on the sub-visible creatures, entitled *Modes of Origin of Lowest Organisms,* very nearly accords with Béchamp's theory of them:

> These micro-organisms, says Bastian, are never generated in the body until it has become already disorganized; they belong solely to the processes of decay, contributing to the promotion of corporeal disintegration, and we can as well accuse the worms or carrion-crows that devour a putrefying carcass of causing the creature's death, as to charge the bacilli with being the primary cause of inflammatory and febrile diseases.

But the sharpest challenge to Pasteur's causative germ theory of disease came from Germany—from Dr. Robert Koch, a challenger by nature of doubtful theses, a sort of professional "man from Missouri." He laid down four conditions that must be met before this theory could be scientifically proven: First, the germ must always be found where the disease is; second, it must not be found where the disease is not; third, you must be able to cultivate the germ in media outside the body; and fourth, this culture when injected into animals must produce a disease identical with that of the animal or human from whom the germ was originally obtained.

Not being able to combat these "Koch postulates"—as they were later called—Pasteur and his followers incautiously accepted them as reasonable, to their ultimate undoing, as upon this rock the pathogenic germ theory has been completely shattered. Each and every one of the "Koch postulates" is negatived by the most expert and reputable witnesses. Dr. M. Beddow Bayly, M.R.C.S. and L.R.C.P., writing in the London *Medical World,* June, 1928, said: "I am prepared to maintain, with scientifically established facts, that *in no single instance has it been conclusively proved that any micro-organism is the specific cause of a disease,"* and he quotes in confirmation from the Gaulstonian Lecture by W. W. C. Topley, M.A.M.D., Director of the Institute of Pathology, Charing Cross Hospital, delivered in 1919:

> The very diseases which would afford the most favorable field for study, are just those in which the causal organisms are unknown, says Dr. Topley.
>
> Scarlet fever, measles, smallpox and chicken-pox, to mention only a few of the more outstanding examples, still await a satisfactory elucidation . . . During the world-wide influenza epidemic, we lost faith in one of our supposed causal organisms.

Loss of faith in the "causal organism" of influenza—christened the "Pfeiffer bacillus"—appears to have rested on two counts: First, they failed to find it where it should have been, that is, associated with clinically diagnosed influenza; and second, it appeared unaccountably in the throats and sputums of perfectly healthy persons, not suffering apparently from any disease. This was demonstrated by a report of the Pneumonia Commission at Camp Pike, written long before influenza appeared in this country, wherein it was stated that "the sputums from 132 healthy and normal men were examined and analyzed, and the Pfeiffer bacillus was found in 35 percent of them." This report was given to the Journal of the American Medical Association (March 8, 1919) by Major Ralph A. Kinsella of the U. S. Army Medical Corps. Now for a micro-organism to be regarded as *the specific cause* of a disease, we may surely demand that it should fulfill the first two of Koch's requirements—that it shall always be found associated with the disease it is supposed to cause; and that it shall not be found in association with diseases which it is not supposed to cause. Yet if we are to believe the authorities quoted by Dr. Beddow Bayly, the influenza bacillus is not the only one to play fast and loose with these two Koch postulates. He says the diphtheria germ—with the hyphenated name, *Klebs-Loeffler*—is missing in 14 percent of cases of clinical diphtheria, according to the London *Lancet* (Sept. 1898); in 20 percent of them according to the Report of the Royal Commission on Vivisection (1912); while Osier reports it absent in from 28 to 40 percent of cases. On the other hand, upon the testimony of reliable pathologists, it is often found in the throats of healthy persons—in from 7 to 15 percent of them. Nor is this the whole story of the perverse behavior of the Klebs-Loeffler bacillus. It is apparently such "a good mixer," that it is found associated with *18 other diseases besides diphtheria*—among them puerperal fever, pyorrhoea, eczema, leprosy and rabies—according to a list given by Dr. Bayly with authoritative references. And yet Osier states: "The diagnosis of the Klebs-Loeffler bacillus is regarded as *the sole criterion of true diphtheria."* But the Medical Health Officer for Northampton, writing in the *Lancet,* Dec. 10, 1927, claimed that of 772 cases admitted to the Birmingham Hospital, in all of which the bacteriological report was positive, 391—about 50 percent—showed no clinical evidence of diphtheria. The hopeless confusion to which the diagnosis of diphtheria has been reduced through its association with a germ, led the British Ministry of Health in recent years to issue the following instructions:

> The notification of cases of diphtheria under the Infectious Disease Acts, should be limited to persons actually suffering from diphtheria, i.e., those exhibiting clinical signs of the disease, with or without bacteriological evidence of its presence.

And what was found to be true of diphtheria and influenza, has been repeated in the natural history of all the other so-called "infectious germ diseases." The "little bugs" assigned by the bacteriologists to the production of tuberculosis, syphilis, cholera, typhoid and pneumonia, have manifested the same temperamental irregularity of bobbing up where their presence was not "indicated"—and failing to appear when it was! The truth of this was strikingly exemplified in a baffling experience of the health authorities with an outbreak of typhoid in the California town of Santa Ana a few years ago.

According to a Report from the California State Board of Health, on Jan'y 2nd 1924 a large portion of the Santa Ana population fell suddenly ill with an acute gastro-intestinal disorder which disrupted schools and business. Attention was turned to the city water-supply and the official report read: "The city water-supply was immediately subjected to careful bacteriological and chemical examination, *but nothing could be discovered that would show the water to be the source of the out-break. Repeated bacteriological examinations of this water supply proved it to be of satisfactory quality and definitely potable."* (Italics mine.)

Nor was this all. The State epidemiologist, Dr. Charles Halliday, hastened to the scene of the Santa Ana disaster and was presently joined by two other officials from the State Department of Health, who issued the further finding: *"Complete bacteriological examinations of specimens from patients* were begun immediately, *with negative results for typhoid* and with negligible results for dysentery."

The report went on to say, however, that "by the middle of January a number of attendant physicians were saying that the condition of their patients was 'clinically identical with typhoid.' *The bacteriologists were slow to accept this, because the laboratory examinations in the early days of the outbreak did not support this view."* (Italics mine.)

In other words, they did not find typhoid germs at the beginning of the disease—neither in the drinking-water nor in the excreta from the patients—which is where they should have been if they were *the cause* of the trouble; but they found germs aplenty *after* the fever was well under way, since the official report stated that "by Feb'y 1st there were 150 cases of typhoid *which were bacteriologically sustained."*

Meantime it was recalled that on the night of Dec. 27th, prior to the outbreak, there had been a terrific rain-storm which backed up sewers and lifted manhole-covers. A closer inspection of sewer pipes and water-mains revealed the fact that over-loaded sewer-mains had backed up sewage into an old forgotten drain which led directly to one of the wells which supplied the city reservoir. And, according to the official report, "it was estimated that following the night of the storm, from one-tenth to one-eighth of the water consumed in Santa Ana was pure sewage!"

An argument frequently advanced for giving doctors control of Public Health Service is that "they can guard the people's health by keeping tab on the bacteriologic count in the milk and water supplies. Yet here was an instance where the bacteriologists could not tell the people whether their water-supply was free from typhoid infection—neither before they fell ill nor afterwards; and had pronounced water heavily freighted with sewage to be "of satisfactory quality and definitely potable!" It will be noted also, that the true character of the malady in this case was discovered by the bed-side watchers—not by the laboratory observers.

"One swallow does not make a summer," but the Santa Ana episode is by no means a solitary instance where concentration on germs and test-tubes, to the neglect of sanitation and hygiene, has brought about disaster to the community. It occurs with sufficient frequency to lend support to the contention of the advocates for medical freedom, that if Public Health departments were controlled and directed by sanitary engineers and plumbers instead of by medical theorists, the health of the nation would be vastly improved.

The frequency of the inverse behavior of the "pathogenic microbe" has taught the wisest of the Pasteur disciples to cease dogmatizing about it. Thus when Sir William Power, British Medical Officer of the Local Government Board, was asked before the Royal Commission on Vivisection what he meant by "a definite specific organism," he replied: "A definite organism which will react always in a certain way to a certain series of culture tests." To the further question as to which diseases were associated with organisms for which such a test had been established, he answered: "*I cannot say that we have got to that stage with any one of them.*"

Concerning the postulate requiring that the germ culture when injected into animals should produce the identical disease from which the cultural germ was derived, Dr. Beddow Bayly says: "There are probably few in the present who will deny the assertion that in no single instance has this condition been fulfilled." He then quotes Dr. Topley in the aforementioned Gaulstonian Lecture as admitting their "inability to convey to laboratory animals diseases as they occur in man."

> We can produce lesions of a definite and specific nature in the majority of cases, said Dr. Topley, but not the actual disease in all its features; and among the features most frequently lost, *is that tendency to spread of infection which we should specially desire to study.*

It will readily occur to most people that if the bacteriologists could produce infectious diseases in animals, it would furnish the most convenient and economic method of rodent extermination—far cheaper and safer than rat poison! After the signal failure of Pasteur's rash effort to eradicate the pest of rabbits in Australia by this method, this particular "Koch postulate" has not been dwelt on very much by the adherents of the Pasteurian theory. Indeed they would like to forget all of the Koch requirements, since they have never been able to make that theory fit any one of them.

Koch himself was forced to repudiate them, as when he told the Congress on Tuberculosis which met in London in

1901, that tuberculosis in animals was very different to that disease in humans. But the deadliest blow dealt to the doctrine that "specific germs cause specific diseases," was the discovery that every type of bacteria experimented with—including 2nthrax and tubercle bacilli—could be transformed into a different type within a short time, varying from a few hours to several days, merely by altering the character of its medium or environment—sometimes by exposure to ultra-violet rays.

Thus by every known test, proposed and accepted by the bacteriologists themselves, Pasteur's theory has been discredited, and it survives today solely because it was made the basis of the popular and lucrative practice of so-called "preventive medicine."

CHAPTER VIII

The Death Trail of the Microbe Hunters

Whether germs are the cause or the effect of disease, as an abstract proposition, has no more practical significance for the average man and woman than the age-old biological conundrum—which came first, the chicken or the egg? Nor would the announcement that "microbes are a menace," have caused more than a faint ripple in the workaday world which toils and spins and refuses to get excited over scientific discoveries, had the announcer been content to leave it at that.

It was Pasteur, the noisy acclaimer of bacterial marvels, who first threw the fear of man-eating microbes into the human heart and put them on the map as the subvisible, insidious assassins of man and beast. He had all Europe—from kings and emperors to medical students and sheepherders—talking in awed whispers about his microbic terror long before there was any proof of it. Searchers of the Pasteur temperament are not particular about proofs. Hence it remained for the plodding, serious, more thoroughgoing German microbe-hunter, Robert Koch, to isolate and identify specific germs in association with specific diseases; and to furnish such evidence that the germs were *the cause* of the maladies in whose company they were found, as seemed to himself and his colleagues entirely adequate and irrefutable.

Koch who in the beginning had looked coldly on Pasteur's theory of the germs—perhaps because it came from the wrong bank of the Rhine—and had skeptically and craftily propounded the troublesome "postulates" which eventually became the stumbling-block for all the microbe-hunters—including their author—was now in the decade from 1873 to 1883; the most zealous and assiduous of all the microbe trailers, and also made the best showing in results. He not only tracked down and identified the germ of anthrax—the disease which caused such havoc among sheep and cattle—but also discovered and catalogued the *tubercle bacillus* as the motivating agent in tuberculosis, "which was causing one death in seven in Europe and America" at that time, according to De Kruif.

Koch is also accredited with finding the "comma bacillus"—described as "one of the most delicate, the easiest to kill, and yet the most terribly savage of all microbes"—which was charged with being the instigator of Asiatic cholera, that had broken out in Egypt in 1883 and frightened the people across the Mediterranean. De Kruif dramatizes the race for the capture of this rare, elusive cholera germ between Koch and Pasteur; a race typifying a battle between France and Germany—fought out on Egyptian soil—with Koch conducting his research forces in person, and Pasteur sending his proxies, Roux and Thuiller, (the latter of whom lost his life in the fight) while he busied himself at home with mad dogs, to which he had turned his attention after his silkworm and anthrax fiascos.

Meantime, the Alexandrian epidemic faded out as mysteriously as it came—as epidemics have a way of doing—without either the French or German microscopists succeeding in trapping the causative microbe, and without any assistance from any of them; although Koch reported to the German Minister of State that he had found a comma-shaped "suspect" which only awaited confirmation such as he might find in India—where cholera most abounds—to be duly baptized as the responsible agent in the production of that plague.

So Koch was sent to Calcutta where he found many dying of cholera in the miserable Hindu hovels, and he claimed he found the comma bacillus in all the dead bodies he looked into, and in the intestines of patients with the disease; but that he "never found this germ in any of the hundreds of healthy Hindus that he examined, nor in any animal, from mice to elephants." Armed with this knowledge, Koch sailed back to Germany, where we are told "he was received like some returning victorious general, and from the German Emperor's own hand he received the Order of the Crown with Star"—which no doubt meant a great deal to Germans in those days.

And probably the learned doctors gathered to hear Herr Professor Koch's report were tremendously impressed by his telling them that, "No healthy man can ever be attacked by cholera unless he swallows the comma microbe, and this germ can only develop from its like—it cannot be produced from any other thing, or out of nothing. And it is only in the intestine of man or in highly polluted water like that of India, that it can grow." But the average layman will not grasp the practical significance of these pronouncements, in so far as their bearing on the prevention or control of the disease is concerned; and lay skepticism about Dr. Koch's pathogenic cholera bug is strongly supported by the example of old

Professor Pettenkofer of Munich who to show his scorn of the whole business, swallowed a tubeful of these cholera germs (sent to him by Dr. Koch) in the presence of his class one day, with no effect whatever except a slight nausea! This incident is related by various chroniclers, and even the hero-worshiping De Kruif does not omit it. He says:

> There were enough billions of wiggling comma germs in this tube to infect a regiment, but Pettenkofer only growled through his beard: "Now let us see if I get cholera!"
>
> Mysteriously, nothing happened, and the failure of the mad Pettenkofer to come down with cholera remains to this day an enigma, without even the beginning of an explanation.

De Kruif preferred not to accept Dr. Pettenkofer's explanation, which was that "germs are of no account in cholera; it is *the disposition of the individual that is important!"* And Koch, disregarding the Pettenkofer demonstration, continued to reiterate parrot-like: "There can be no cholera without the comma bacillus!"

It is not recorded that Dr. Koch at this time—after identifying the deadly microbes associated with anthrax, tuberculosis and cholera, and joining them as cause and effect—had proposed any method for exterminating or warding off any of these invisible destroyers. Yet the compiler of microbian legends concludes his account of the cholera-hunting expedition with the grave assurance: "It is thanks to these bold searchings of Robert Koch, that Europe and America no longer dread the devastating raids of these puny but terrible little murderers from the Orient—and their complete extermination from the world *waits only upon the civilisation and sanitation of India."* (Italics mine.)

Seeing that "these bold searchings" had been conducted in India, and the final trapping of the "puny but terrible little murderers" consummated there, it occurs to some of us to ask: *Why* must India await the coming of "civilization and sanitation" to free her from the plague of cholera, unless it was these factors—and *not* Koch's "bold searchings"—that had banished it from Europe and America? Such questioning will, of course, be dismissed by the microbe-hunters and their loyal followers as mere lay impertinence, but nevertheless it may commend itself to the common-sense reasoning of other laymen not affected with microphobia.

In a similar vein of melodramatic bombast, the author of *Microbe Hunters* devotes 40 pages to the glorification of Koch's bacterial triumphs, for which four would have been adequate—stripped of metaphor and hyperbole—to cover all the facts, and still have allowed space for a proper tribute to the honesty, industry and singleness of purpose of the little German professor who appears to have gone about his microbe researches in a spirit of real scientific inquiry, and to have recorded his findings with pains-taking accuracy—however misguided and unwarranted his conclusions.

His disarming modesty and reserve about his achievements were in striking contrast to Pasteur's ballyhoo when stealing the credit for other men's discoveries; and if any one of the microbe-hunters deserved the hero's crown, it was Koch. For if the microbes were the deadly menace they believed them to be, surely no one of the searchers took such long chances with this invisible death as he, who poked into dead men's houses and dissected not only the carcasses of diseased animals, but the human victims of cholera and tuberculosis as well. It is related that he went to all the hospitals in Berlin to beg the bodies of men or women who had died of consumption; that he injected the sick tissue from their wasted bodies into hundreds of guinea-pigs, rabbits, dogs, cats, white rats, chickens and pigeons, washing his hands incessantly in bichloride of mercury as he toiled at his grewsome task.

Since Koch held that the tubercle bacillus gains entrance into human and animal bodies by being inhaled into the lungs, work with tubercular specimens was particularly hazardous, from his point of view.

> "These little crooked rods—the tubercle bacilli—were delicate and finicky about their food and feeble in size," says De Kruif, "but more savage than hordes of Huns, and more murderous than ten thousand nests of rattlesnakes!"

It is doubtful whether Koch would have endorsed this De Kruif extravaganza, but when he came to test his theory by one of his own "postulates"—the one requiring the artificial implantation of the disease into healthy animals—he evidently felt it necessary to take proper precautions. On page 136 of *Microbe Hunters* De Kruif gives a graphic account of Koch's ingenious device for spraying live, healthy animals with the "pure cultivations of the deadly bacilli" at a safe distance from the spray for himself. In a large box in his garden Koch put the unfortunate victims of his experiment—mice, rabbits and guinea-pigs—and through the window of his laboratory he ran a lead pipe that opened in a spray nozzle inside the box.

Then for three days, for a half hour each day, by means of a bellows in his laboratory, he pumped "the poisonous mist of bacilli" over the little animals. De Kruif relates that in ten days the rabbits succumbed to the treatment, and in 25 days the guinea-pigs were all dead of tuberculosis. He doesn't tell us what happened to the mice, but presumably they also yielded up their lives to this weird and senseless experiment for which De Kruif supplies the heroic touch in his best rhetorical vein: "Koch told nothing of the ticklish job it was to take these beasts out of their germ-soaked box. If I had been in his place, I would rather have handled a boxful of boa-constrictors!"

Making all allowance for the difference between the mental effervescence of the man who describes this experiment, and the cool matter-of-factness of the experimenter; between the "poetic license" in De Kruif's type of writing and what actually happened; there can still be no doubt but that Koch believed that his researches were fraught with danger to himself—believed also that they might eventuate in averting danger from others, even though he made no out-cry about it. This is evidenced in De Kruif's ebullient comment: "What chances for making heroic flourishes were missed by this quiet Koch!"

And the pity of it all was, that this quiet, self-effacing German professor, this most efficient and sincere of all the microbe hunters, should have been misled—by the microbe-hunting fashion of the times—into bequeathing to posterity, as the result of his labors and sacrifices, instead of the boon to humanity which he dreamed of, that bacteriological joker known as "preventive medicine"!

At least to the medical and lay world in general, Koch is known as "the father of bacteriology" and the founder of "preventive medicine"—without which bacteriology would not be such a fascinating study for the medical profession—although one of the latest exponents and defenders of "prevention," Dr. Haggard of Yale joins with De Kruif in declaring that to Pasteur belongs the honor—or odium, according to the point of view—of having laid the foundation of modern immunology in his experiments with chicken-cholera.

According to the story as related by De Kruif, "it was in 1880 that Pasteur was playing with the very tiny microbe that kills chickens"; and accidentally discovered that a stale culture he had made from the cholera bug, several weeks old, when fed to the hens, caused them to sicken, but not to die, as had those to whom he gave the fresh germ soup. The recipients of the stale culture recovered. Then some weeks later, so the story goes, Pasteur tried the experiment of shooting his cholera soup—swarming with virulent germs—simultaneously into the birds who had recovered from the previous dose and also into some new ones. What followed, is described in De Kruifs best dramatic vein:

> The next morning the impetuous Pasteur sent a hurry call to his two assistants, Roux and Chamberland, to come down into the laboratory where they found him pacing up and down before the chicken cages.
>
> "Look!", he cried in great excitement. "The new birds we shot with the culture yesterday, are dead all right as they should be. . . But now see these chickens that recovered from the old culture we shot into them last month. . . . They got the same murderous dose yesterday as the others—but look at them—they are lively and eating happily."

Then Pasteur proceeded to chant the hymn of faith of all inoculators:

> "Now I have found out how to make a beast just a little sick—so that it will get better from a disease . . . All we have to do is to let our virulent microbes grow old in their bottles . . . When microbes age, they get tame . .

> . they give the chicken only a little of the disease, and when she gets better she can stand all the virulent microbes in the world. We'll apply this to anthrax also—to all virulent diseases . . . We will save lives!"

And De Kruif echoes this faith in the naive comment:

> So it was that Pasteur ingeniously turned microbes against themselves. He tamed them first, and then he strangely used them for wonderful protective weapons against the assaults of their own kind.

He relates how Pasteur, elated over the success of this one small experiment, went to the Academy of Medicine and told the venerable doctors there assembled that his chicken vaccinations "were a great advance on the immortal smallpox discovery of Jenner," saying: "In this case I have demonstrated a thing that Jenner never could do in smallpox—and that is, that *the microbe that kills is the same one that guards the animal from death!"*

The savants of the Academy were not agreeably impressed by this revelation, we learn, and one of their number almost came to blows with Pasteur on the floor of the august assemblage and later sent him a challenge to a duel, which the "Ulysses of Microbe Hunters" prudently declined with an apology to the challenger—showing that the impetuous Frenchman was not all impetuosity. The following year (1881), Pasteur was given the opportunity to try out the validity of his new theory of immunization in a spectacular demonstration staged for him by the Agricultural Society of Melun, who invited him to make a public experiment.

And Pasteur accepted their challenge, although De Kruif relates it was not made in good faith, but was intended as a trap for his hero, whom he therefore leads forth to the Melun experiment with all the regimentals of theatrical fanfare:

> Pasteur did not fancy going up in balloons and he would not fight duels—but no one can question his absolute gameness when he let the horse-doctors get him into this dangerous test.

Other students of Pasteurian history would see nothing remarkable or daring in Pasteur's efforts to make good his boasting claims in practical application—seeing that only by convincing others of the efficacy of his vaccines, could he expect to profit by them in any way. Fortune was with him that June day in 1881 at Melun, we are told, when he tried the same experiment with anthrax vaccine on the 48 sheep, several cows and a couple of goats brought together by the Agricultural Society, that had worked so miraculously in the case of his cholera vaccine and the chickens.

It was a grand personal triumph—in front of a vast throng of people comprising not only farmers and veterinaries, but councillors, senators, and other dignitaries—magnificos who only exhibited themselves to the public at the weddings and funerals of royalty. Nothing more clearly illustrates the parallel between medical faith and religious faith, than the verbal flight in which De Kruif commemorates the success of Pasteur's Melun experiment:

> The Bible does not go into details about what the great wedding crowd thought of Jesus when he turned water into wine; but Pasteur that second of June, was the impresario of a modern miracle as amazing as any of the marvels wrought by the Man of Galilee, and that day Pasteur's whole audience—many of whom had been snickering skeptics—bowed down before this excitable, little half-paralyzed man who could so perfectly protect living creatures from the deadly stings of subvisible invaders!

It is further recorded that the news of Pasteur's disease-prevention vaccines was wired by the correspondent of the London *Times*—who was present at the Melun demonstration—to his paper and to the rest of the world. More honors were bestowed upon Pasteur at home. France called him her "greatest son" and conferred on him the "Grand Cordon of the Legion of Honor." Far more significant from a historic and human standpoint, is De Kruif's statement, that

> . . . agricultural societies, horse-doctors, poor farmers whose fields were cursed with the poisonous virus of anthrax—all these sent telegrams begging him for thousands of doses of the life-saving vaccine. . . .

And that in response to these calls, "Pasteur turned the little laboratory in the Rue d'Ulm into a vaccine factory." He set all his aids to work brewing "tame, life-saving anthrax bacilli" in huge kettles that "bubbled and simmered with this bacillus-swarming soup that was the vaccine." Afterwards they poured it—gallons of it—into little bottles holding only a few ounces which De Kruif says "had to be kept absolutely free from all other germs," etc., etc.

A marvelous thing about the inoculators, is their meticulous insistence on *clean receptacles* for their filthy concoctions!

And thus here in Pasteur's laboratory in the Rue d'Ulm, the vaccine-serum industry was born. Enormous as were the profits in the manufacture of Jennerian vaccines—wherein enough pus could be raised from two calves to vaccinate the whole population of a sizable state—it will be readily seen how paltry these are compared with the financial returns from the cultivation of microbe vaccines, both because of the relatively smaller cost of the raw material and the wider latitude in application.

The microbian fecundity which produces several generations of germs in a few minutes—whereas calves do take time to grow—and the multiplicity of diseases for which the microbe cultures can be prescribed, make very apparent the great advance—from a commercial stand-point—of Pasteur's immunizing scheme over Jenner's, which was specific only for smallpox. Given only facile diagnosticians with a flair for disease-nomenclature—giving new names to the same old symptoms and enterprising microbe-hunters to discover a "specific" bug to account for each newly christened malady as it emerges from the medical baptismal font—no one can fail to see the limitless possibilities for profits in Pasteur's method of "immunization."

He was now 60 years of age, and for more than a decade he had been partially paralyzed; but his biographer tells us that his microbe-trapping zeal was unabated, and the success of his vaccine experiments quite naturally added fire to his enthusiasm. Then something happened that disturbed the composure and gave some sleepless nights even to Pasteur:

> "Gradually, it was hardly a year after the miracle of Melun," says De Kruif, "disturbing letters began to pile up on his desk; complaints from a dozen towns of France and from places in Hungary. Sheep were dying from anthrax—*not natural anthrax* they had picked up in dangerous fields, *but anthrax they had got from those vaccines that were meant to save them!"*

These complaints of the failure of the anthrax vaccine became so numerous and from such different quarters that Pasteur's biographer says he dreaded opening his letters and "shut his ears to snickers that sounded from around corners." He tells that the most cruel blow came "from the laboratory of that nasty little German Koch in Berlin," who sent "a cold, *terribly exact scientific report"* which "ripped the practicalness of the anthrax vaccine to tatters."

We should marvel at these frank and damaging disclosures from the romanticist compiler of microbian exploits, were we not lost in the greater marvel of how little the passionate faith of the microphobist is affected by what Huxley called "a nasty little fact"! We have here a repetition of the seriocomic drama of the British Royal Commission on Vaccination withstanding 14 pounds avoirdupois of evidence against vaccination in their report, even while they were forced by it to alter their laws!

Of Pasteur in this crisis, De Kruif writes:

> There is no doubt that Pasteur lost some sleep from this aftermath of his glorious discovery, but God rest him, he was a gallant man. *It was not in him to admit either to the public or to himself that he was wrong. . . .* What a searcher this Pasteur was, and yet how little of that fine selfless candor of Socrates or Rabelais is to be found in him. But he is not in any way to be blamed for that, for those two last were only, in their way, looking for truth, while Pasteur's work carried him more and more into the frantic business of saving lives, *and in this matter truth is not of the first importance.* (Emphasis mine.)

Verily, the defender of the microbe-hunting faith spoke more truly than he knew, or intended, in that statement. In the business of "saving lives" by these devious bacterial ways, "truth is not of the first importance." Only by turning one's back on truth, by disregarding ordinary commonsense and physiological law, could men ever expect to reap health by sowing disease.

Very typical of the microbe-hunter's search for scientific truth was the way the dispute between Pasteur and Koch over the anthrax immunization was disposed of—as related by De Kruif:

> The French nation, even the great men of the nation, *patriotically refused to believe* that Koch had demoted their hero from the rank of God of Science—what could you expect from a German anyway?—and they promptly elected Pasteur to the *Academie Française,* the ultimate honor to bestow on a Frenchman.

It is related further that even "the skeptical genius, Ernest Renan, the author who had changed Jesus from a God into a good human being," welcomed Pasteur to his place among the French immortals. For, argues De Kruif,

> Renan knew that even if Pasteur sometimes did suppress the truth, he was still sufficiently marvelous. Renan was not a scientist, but he was wise enough to know that Pasteur had done a wonderful thing when he showed that weak bugs may protect living beings against virulent ones—even if they would not do it one hundred times out of one hundred.

"Renan was not a scientist" in the microbian sense, according to De Kruif. Then his "wisdom" in accepting the microbian theory of disease prevention rested—*not* on knowledge, but on *faith*—faith in the statements of men like Pasteur who he knew—and De Kruif admits—had been guilty of suppressing and distorting *facts!* Moreover, if the French "skeptical genius" could believe so implicitly the tenets and dicta of the microbe-hunting oracles, his blind trust in "things unseen" appears to transcend that of the average religious devotee, and can only be compared to the sublime act of faith of that Latin father who said: "I believe *because it is impossible!"*

And there is another phase of this disease-culture immunology that is persistently ignored by the immunizers, and that might very properly engage the attention of thoughtful laymen. Even a High School student of physiology knows that shooting germs into an animal's blood with a hypodermic, and taking them into the system with food or drink, or by inhaling them, are distinctly different and separate procedures—having practically no relationship. And since inhaling or ingesting is the natural way of introducing anything into the system from without; and the subcutaneous injection into the blood the unnatural or artificial way, what possible logical deductions about the natural incidence of disease—even admitting for the sake of argument that germs cause it—can be drawn from its artificial implantation via the hypodermic route?

Numerous experiments are reported in the literature by reliable bacteriologists, wherein the attempt was made to produce disease in healthy persons by feeding them the supposedly causative germs in food and drink; and by swabbing the air passages of their throats and nostrils with the germ culture—and in no single instance did the disease develop. Dr. John B. Fraser, M.D., of Toronto, reported 45 such experiments with typhoid germs put into water, milk, bread, cheese, meat, fish, headcheese, butter, etc.; 19 experiments with pneumonia germs; a total of 40 experiments with diphtheria germs—which were not only given in food and drink, but millions were swabbed in the nose and throat, and every facility given them to develop; 19 tests with tubercle bacilli, 11 with germs of spinal meningitis, and 10 with mixed germs, but all failed to produce any effect. Dr. Fraser says: "These tests were made scientifically, and part of the germs were grown from stock-tubes furnished by one of the best known laboratories in North America. These are *facts,* not opinions."

Dr. Fraser's experience with these tests was repeated in attempts to transmit influenza to healthy and supposedly "non-immune" human subjects at the U. S. Quarantine Station on Gallupa Island near Boston in December 1918. The subjects of experiment were 68 volunteers from the U. S. Naval Detention Camp on Deer Island, Boston, and the experiments consisted of inoculations with pure cultures of the *Pfeiffer bacillus* (influenza germ), with secretions from the upper respiratory tract, and with blood from typical cases of influenza. Thirty men were inoculated by spray, swab, or both, of the nose and throat, and in no instance did influenza develop in any of them—not even when exposed to persons suffering from the disease. Similar experiments were made with 50 men at Angel Island, San Francisco, the same year; and a report of these experiments was published in Government Bulletins No. 57 and No. 123 by the Navy Department Bureau of Medicine and Surgery, Division of Sanitation.

These experiments, together with the fact that there is no escape from germs, that they are with us always—in us, around us, above and beneath us—should convince any reasoning intelligence that old Pettenkofer was right in saying that germs are not the important factor in disease, that "it is the disposition of the individual that counts."

Two years after the appearance of De Kruif's *Microbe Hunters,* wherein he speaks of Dr. Robert Koch's tubercular experiments as perilous as handling boa-constrictors, and of the tubercle bacilli as "more savage than Huns and more murderous than 10,000 nests of rattlesnakes," one of the greatest authorities on tuberculosis in America, Dr. Maurice Fishberg of the Bellevue Hospital staff in New York, writing in the *American Mercury,* February 1928, had this to say:

> Fear of infection with tubercle bacilli is without foundation as regard adults. If they are to become tuberculous, the causes are not alone the tubercle bacilli, which every one has in his or her body, but other

> factors about which we know little or nothing . . . While all are born free from the taint, at 18 years of age over 90 percent of all human beings give unmistakable proof that they harbor tubercle bacilli within their bodies.

Dr. Fishberg says further:

> Only one out of ten dies from tuberculosis, despite the fact that all the other nine have also been infected with tubercle bacilli. . . . In fact it appears the disease is the exception rather than the rule after infection. For practically every human being living in a city is bound to become infected before passing adolescence. This is but natural when we consider that the tubercle bacilli are ubiquitous, and in the opinion of those competent to render authoritative opinion, they can be eradicated only by killing all animals and all human beings who react to the tuberculin test.

Incidentally it may be said, that if the tuberculin test is no more reliable for humans than for dairy cattle—wherein its failure has been demonstrated over and over in practical operation—even the above suggested heroic measures would not rid the earth of tubercle bacilli. Dr. Fishberg's article in the *American Mercury* gives the lie direct to the claims of the American Anti-Tuberculosis Society, whose crusade against the tubercular germ—carried on in a vast outlay of time, energy and money—he does not hesitate to say "has been wholly barren of results."

Because, he says the Anti-TB Society has not concerned itself with palliative measures for those already afflicted with the disease. "Their aim was to *prevent* tuberculosis by preventing the entry of the tubercle bacillus into the human body," and in this undertaking they have failed 100 percent, according to Dr. Fishberg. He says: "We know very little about the reason why some become sick while most escape, *but we do know that these infections are salutary to the vast majority of humanity."*

In this last statement Dr. Fishberg appears to endorse the optimistic view of the micro-organisms set forth by Béchamp, and to discount the sensational scare-heads of the Pasteur school of bacteriologists. He says experience has proven that there is very little danger of communicating tuberculosis from one person to another, even in the closest of all intimacy, the marital relation. An extended survey among the poor of the East side in New York City, convinced Dr. Fishberg of the very slight danger of contagion in tuberculosis. He says, "Rarely have we found both husband and wife affected with the disease in clinical observation."

Yet how many millions of dollars—reaped largely from the sale of Christmas seals—have been spent in the mad, futile war on tubercle bacilli; to say nothing of the personal inconvenience, humiliation, and persecution in some instances, inflicted upon the unfortunate TB's themselves in the fatuous effort to herd them into quarantine camps. This movement for strict segregation of the tubercular has undoubtedly increased the death-rate among them, and imposed additional hardship on those less able to pay the exorbitant sanitarium rates. It was a matter of common observation—before the zealots of microphobia began hounding them from home and business—that persons with active tuberculosis even, when permitted to dwell among friends and cheerful surroundings, frequently lived for ten, twenty, sometimes thirty years in sufficient health to go about their usual avocations almost to the end.

I have in mind a frail little woman artist of Southern California, who for twenty-five years painted pictures between paroxysms of coughing, and finally died practically in front of her easel. Besides leaving behind her many beautiful paintings—the blue haziness of the California desert, mountain and canyon, transferred to canvas with inimitable delicacy of color and feeling—this little artist gave pleasure to thousands of visitors who came to catch the inspiration of her sunny temper and indomitable spirit. Shut up in a sanitarium, surrounded by *les miserables* of the Great White Plague, this woman would probably not have lasted more than five of the twenty-five busy, happy years she spent in creating beauty and dispensing cheer in Southern California.

Apropos of the claims put forth by the microbe chasers, as to the extent to which the death-rate from tuberculosis has been reduced by their efforts, Dr. Fishberg quotes Dr. Raymond Pearl, head of Biological Research of Johns Hopkins, as saying in 1922: "As a matter of scientific fact, extremely little is known about *why* the mortality from tuberculosis has declined." The same authority states that "no greater decline is shown in the diseases about which the health authorities have been most active in attempts to control, than in those about which little or nothing has been done."

Fishberg also quotes Karl Pearson, highest authority on biometrics, as saying: "Mortality from tuberculosis has been declining since 1838, long before any special measures for prevention or control were instituted." Certainly, this was 44 years before the German Dr. Koch found the "bug" which he charged with being the cause of the malady, and more than 50 years before the program for "prevention"—based on the Koch finding—was inaugurated, and which Dr. Fishberg proclaims such a dismal failure. Yet so strong is the Koch tradition, that even Dr. Fishberg apparently dares not contradict it openly, by declaring in so many words that the tubercle bacillus is *not* the cause of tuberculosis—even while he furnishes all the proofs that it isn't!

Seeing that the preponderance of evidence is on the side of those who affirm that filth and ignorance are the most fruitful causes of disease; and that the only prophylactic, as well as the only cure, is through hygienic living and optimistic thinking, Karl Pearson's statement that the decline in tuberculosis began in 1838 is very significant. For it was about that time that men's thoughts in Europe and America began to turn to sanitation, with the invention of plumbing and the appearance of the first bath-tubs. Another fifty years went by before the superiority of sanitation over vaccination in the eradication of smallpox had been demonstrated, and then only in isolated areas whose inhabitants could be persuaded to try cleanliness instead of blood pollution as a means of disease-prevention. Nevertheless, it is a fact upheld by the vital statistics of every country where they have been kept with any degree of accuracy that with the coming of sanitation—external cleanliness in public and private places—and better economic conditions among the masses of the people, which was chiefly the work of the labor-unions and the result of collective bargaining, the general health of the people began to improve; and in the exact ratio that sanitation and personal hygiene have been practiced while inoculations have been neglected, all diseases have notably declined.

Other factors conducive to better health conditions have entered into the equation in the past 50 years. The rise of the drugless schools of healing—Natur-opathy, Osteopathy, Chiropractic, etc.—together with the phenomenal popularity of Christian Science, have pulled nearly half the people of the United States away from the "regular" school, with its destructive drug-baiting, serumizing methods, and this upon the plaintive admission of the "regulars" themselves, who are not supposedly inclined to exaggerate their own waning popularity. The recognition of psychic forces and the power of thought in influencing bodily conditions, is another important factor in modern life, since such recognition occupies a distinct place in the credos of many cults, religious, semi-religious and secular, with numerous followings in this country. Theosophy, Unity, Psychic Research, the Rosicrucian Fellowship, Astrology and Psycho-Analysis, have each hacked at regular medicine and taken their quota from its loyal adherents.

All these counter forces have served as palliatives, have tended to minimize, but could not wholly obscure nor off-set the disease-breeding effects of the noisome concoctions labeled "preventive medicine" and foisted upon a hapless world by Koch and Pasteur. Notwithstanding the rebuke and snubbing he administered to Pasteur because of his fake anthrax immunization, Koch himself, who should have known better, a few years later offered a "tuberculin cure" for consumption that wrought among human beings as great a shambles as Pasteur's anthrax vaccine wrought among the sheep.

Medical biographers in general are very reticent about this "tuberculin cure" advanced by Dr. Koch in the early 90's, and quickly suppressed when it was seen to despatch the patients much more rapidly than the disease. "An unfortunate experiment," "very disappointing," are the guarded phrases applied to this phase of Dr. Koch's work by the guardians of the inner medical circle. De Kruif admits that "the Death Fighter"—as he dramatically termed Koch—in this tuberculin experiment "killed a considerable number of people"; (*Microbe Hunters,* p. 300) and that it was "a disaster, a tragedy that partly tarnished the splendor of his trapping of the microbes that murder animals and men with anthrax and cholera and tuberculosis"!

Although the tuberculin "cure" was speedily relegated to the scrap-heap, for the aforesaid reasons, the tuberculin idea has persisted in medical practice down to the present as a diagnostic test, to determine the presence of latent tuberculosis in animals and humans. It is used ostensibly for the purpose of detecting bovine tuberculosis in dairy herds, which is accomplished by injecting the tuberculin into the cows at stated intervals, and then pronouncing judgment according to the cow's reaction to the "test." In like manner it is used to detect latent or incipient tuberculosis in children, when it is called the "Calmette test," from the name of one of the original experimenters with it upon children.

Both of these so-called "tests" have proven as disastrous to animals and to children as the tuberculin "cure" was to Koch's adult consumptives; but for some mysterious reason known only to the inscrutable deliberations of medical councils, both these procedures still carry the official stamp of high medical approval and recommendation. Hidden away in the *Archives of Internal Medicine*—where the eyes of lay readers seldom penetrate—the occasional researcher encounters reports of experiments upon very young children with the Calmette test which resulted in blindness and death in some instances. These cases with their ghastly sequelae, are given over the signatures of the eminent physicians who made the experiments, and whose professional nonchalance in reporting the untoward results may be explained by the callousness acquired in the frequency of such occurrences. The average layman will receive something of a shock from reading about them.

The tuberculin-testing of dairy cattle has been a storm-center of rancorous discussion—culminating in gun-play in some instances—between dairymen and cattle-owners on the one hand, and the Government-sponsored forces of Organized Medicine on the other, for the past 25 years in the United States, and the battle is still going on. Our hope is that the property rights affected by the health laws of microphobia in this instance, may prove to be stronger than the humane appeals offered on behalf of children and the poor tortured animals, have hitherto been.

After it had been scientifically demonstrated by the bacteriologists themselves, that one type of microbe can be changed into another, wholly different type—merely by changing the medium and the temperature in which it is grown—one might suppose they would have stopped talking about "specific germs for specific diseases," and that one kind of "germ soup" would have served for all purposes as an immunizing agent. As a matter of fact, this is physiologically true. For the inoculator's needs, one kind of vaccine or serum would suffice; but this would not satisfy the manufacturer of the "preventive" concoctions. His profits redouble every time a fresh "test," "immunizer," or "cure" is discovered and put on the market with the stamp of official medicine.

Hence it was not enough to load human bloodstreams—especially children's—with calf-pus and tuberculin made from the rotting tissues of dead or dying consumptives; but to these have been added the witch's brew of antitoxin for diphtheria—poisoned horse-serum; Pasteur's "anti-rabic" fluid—an emulsion from decayed spinal-cords of rabbits who had died of artificially induced hydrophobia, or something resembling that; anti-typhoid vaccines, also derived from rabbits; and a hundred different "monovalent, polyvalent, prophylactic and curative anti sera" for everything, from common colds to pneumonia and meningitis, have been tried out on the quivering bodies of dumb creatures, and then emptied into the non-resisting veins of young children.

The result has been what might have been expected by any one ruled more by commonsense and less by fantastic theories than the "immunizers." In 1919 in Dallas, Texas, ten otherwise healthy children died from the effects of toxin-antitoxin administered to "prevent" their having diphtheria. This serum had been furnished by the H. K. Mulford Laboratories near Philadelphia, and it was urged in the defense to the damage suits instituted by the parents and relatives of the dead children, that this particular lot of toxin-antitoxin "had satisfactorily passed all the Laboratory tests at Washington." But the Government's approval of the serum did not prevent the Dallas court from rendering judgment against the manufacturers and in favor of the plaintiffs in amounts totaling about $80,000. This can be verified from the Dallas court files.

Many fatalities from serum injections have been reported in the daily press from time to time, (though they are printed inconspicuously and never played up as significant happenings) and many more have occurred which were *not* reported, because of the ease with which those having both a professional and pocket-book interest in doing so can cover them up. When six children were killed, and forty others made desperately ill, with toxin-antitoxin inoculations in a school near Vienna in January 1925 the Austrian Government, acting on the advice of their Minister of Health, forbade the use of toxin-antitoxin anywhere within its domains "until further research had established beyond question its non-dangerous character." This was a momentous piece of news, and was doubtless cabled to every newspaper in the world with a foreign news service. Yet only one metropolitan daily in the United States—of all who received it—gave it space! A bit more publicity was accorded the antitoxin tragedy at Bundeberg, Australia, in January 1928, wherein twelve children were buried in one day as a consequence of the misguided zeal of the Health Department and the City Council to "immunize" the school children against diphtheria. It was a pathetic instance of retributive justice that two of the victims were the sons of one of the town councillors who had insisted on the "preventive" dose. But even this tragic happening in the Australian town evoked no headline in the American press, but was quietly tucked away in an inconspicuous corner of the paper.

"Anaphylaxis," meaning quick poisoning of the nerve centers, is the high-sounding medical term given to these violent reactions to inoculated disease-cultures, and a book bearing this title was published in 1919 by Dr. A. Besredka, a professor at the Pasteur Institute in Paris, in which an ingenious explanation or apology is given of the phenomenon, and a very disingenuous remedy is proposed. An animal or human may be so "sensitized" by the first or second dose of the serum, say the inoculators, that the third injection—after a lapse of time—will produce the "anaphylactic reactions" that so often prove fatal.

But what about the many cases who collapse under the first shot? These were apparently already "sensitized" without previous dosage; but in any case, since the inoculators have no instrument for precise measurement of the subject's degree of sensitivity, why take this murderous chance with something that they cannot possibly calculate for, and which will inevitably right itself if left alone? One would suppose that after encountering these "anaphylactic reactions" to their immunizing efforts—Besredka relates that it was the frequent observation of them in his own practice and getting similar reports from his colleagues that led him to publish the book on Anaphylaxis—conscientious physicians would promptly discontinue the thing which they see to be causing them. But no, Besredka's only recommendation for the trouble, is to find *a new kind of germ soup* to inoculate for the anaphylaxis!

Thus that portion of the human race which looks to Allopathic guidance—still a considerable number—is being tossed on a continuous serological merry-go-round in a brief joy-ride to destruction. "But the vaccine-serum inoculation does not kill them all," some one may protest, and rightfully. The number killed outright by the "immunizers" may be small as compared with the whole number inoculated, or it may be considerable. There is really no way of arriving at a correct estimate, owing to the admitted inaccuracy of medical diagnoses, and the very human element present in a situation where the diagnosing and the compiling of vital statistics are left in the same hands. It should be comparatively easy to make the figures fit their theory.

However, the gravamen of the indictment of this form of medical voodooism does not lie in the number of quick deaths from anaphylaxis, large or small as that may be, but in the appalling aftermath from the slow, cumulative effects of residual poisons left in the trail of the "immunizing" hypodermic.

Take for example, the case of the anti-typhoid vaccination in the World War, which was tried out so thoroughly on the troops of all the countries with what dire results will never be generally known because of the systematic distortion and concealment of the real facts by those with a professional and pecuniary interest in making out a case for the vaccine practice. For of all the misleading and mendacious propaganda put out by ignorant or venal health authorities to serve the vaccinator's need, none appears to have gained such wide acceptance and so little contradiction as this war-typhoid fiction. Even some who have learned to discount the claims for smallpox and diphtheria immunization, will still insist: "But you have to hand it to them on typhoid vaccination. That *did* wipe out typhoid in the World War, as compared with the frightful epidemic in the Spanish-American War."

Yet the official figures furnished by the Army Reports—which any layman may verify simply by turning to the records—prove the absolute falsity of any such claim. It is true, as every one knows, that there was much typhoid among the troops, both in the Volunteer and Regular forces, of the Spanish-American imbroglio. Most people know also that the pestilence was caused by the scandalous, unsanitary conditions: Cuban mud knee-deep, insects, intolerable heat and "embalmed beef" in the home camps. What the general public doesn't know, and what the Army typhoid statistics for 1898-1900 clearly establish, is that there was a marked decline both in the incidence and mortality of the disease, beginning in 1899 with the adoption of a rigorous regimen of sanitation and hygiene; that this decline steadily continued until in 1908 the typhoid incidence dropped to less than 3 cases per 1000 men, and the death-rate to .31 of a man per 1000. *And not a single man was inoculated with the typhoid serum prior to 1909, and it was not made compulsory before 1911.* Thus it is seen that typhoid in the American Army had dwindled to the vanishing point before the vaccinators got in on the job, and they had to hurry in order to claim the credit for something with which they had nothing whatever to do.

Likewise the claim that "there was no typhoid among American troops in the World War," is discredited, both by the shifting, unreliable character of medical diagnoses and by the official returns of the U. S. Public Health Reports for 1918-19. In one of these, Walter D. McCaw, chief of Army Medical Staff, complains bitterly of the carelessness of army officers "who neglected proper sanitary precautions in camp, *through a false reliance upon typhoid vaccination,* thereby causing a prevalence of typhoid, paratyphoid and dysentery among our troops in France."

McCaw said that "seventy-five percent of the men in the Chateau-Thierry region were afflicted with these diseases," and that at one time in the Argonne offensive "there were more than 300 cases of typhoid." He cited "a unit of 248 men from Camp Cody, New Mexico, which arrived in England in

July, 1918, with 98 cases of typhoid of whom eight died"; and another contingent "which lost 10 percent of its typhoid cases." This was up to the highest percentage of loss in the Spanish-American epidemic, notwithstanding that all these World War veterans had been thoroughly "immunized" with the typhoid serum. Not only this, but according to figures furnished by Major Love, Army statistician, and quoted by Fred C. Kelly in *Current History* magazine for April 1923, "the number of deaths compared with the number of cases was slightly less in the Spanish War than in the World War." That is to say, once a man got typhoid, his chance for recovery was better before the serum was introduced! In the World War, in the French Army alone there were 113,165 cases of typhoid with 12,380 deaths up to October 1916, and anti-typhoid inoculations were made compulsory in the French Army in March, 1914—five months before the war broke out. These figures were supplied by Sir Thos. H. C. Goodwin, Director-General of Army Medical Statistics in his report to the Royal Society of Medicine. In the English Army, according to the same authority, there were up to December 1918 from the commencement of the war, 7,423 cases of typhoid with 266 deaths—all inoculated—and these figures do not include the unparalleled death and disease toll at Gallipoli and in Mesopotamia. A further interesting side-light on the army-typhoid is afforded by the report of an eminent French physician, Dr. Rest, which was published in the *Journal of the American Medical Association,* July 28, 1917, p. 267. Dr. Rest who made a special study of typhoid in the French Army, with reference to ascertaining the degree of immunity conferred by the serum, says:

> The percentage of escape from typhoid because of the inoculation was exactly off-set by *the same percentage of increase in the paratyphoid cases,* this being true to the second decimal place.

In other words, just as many men were sick, but the doctors called it something different. Pretty soon they had two varieties of "paratyphoid," A and B, and they rang further changes on these with "intestinal flu"—after the wholesale drenching of the men's systems with vaccine-serum poisons of one kind or another had swamped the army camps with the deadly influenza. Curing one disease by superinducing another and a worse one, is the immemorial medical custom, and their time-honored refuge has been their exclusive dominion over diagnosis and nomenclature.

> The zymotic diseases replace each other, and when one is rooted out it is replaced by others which ravage the human race indifferently whenever the conditions of healthy life are wanting. They have this property in common with weeds and other forms of life—as one recedes another advances.

These words were uttered more than 60 years ago by Dr. Farr, Medical Statistician of England for many years. Dr. Charles Creighton advanced this same "substitution theory of disease" in his *History of Epidemics in Great Britain;* and Herbert Spencer said that "vaccines in subduing one disease only increase others." *

It could not greatly matter to the soldiers or their bereaved relatives, whether they died of "typhoid" or "influenza"; but this fine diagnostic point would of course be of great value to the vaccine-serum laboratories and to the profession upon whose theories they thrive.

Although the post-war "flu"—of all the post-vaccinal sequelae—took, perhaps, the heaviest death-toll in the armies of the World War, it was by no means the only deadly manifestation in the aftermath of the army-camp hypodermic ministrations. In the *British Journal of Experimental Pathology,* August 1926, two well-known London medical professors, Drs. Turnbull and McIntosh, reported several cases of *encephalitis lethargica*—"sleeping sickness"—following vaccination which had come under their observation. This led to the appointment of two Commissions, the Andrewes and the Rolleston, by the British Ministry of Health, to investigate the extent of such happenings in England and Wales. Their reports published in 1928 revealed 231 cases and 93 deaths.

Similar investigations yielded more or less similar results in all the war-scourged countries. The Holland Government, when 139 cases with 41 deaths were reported there, suspended its vaccination law which had been in vogue for nearly a century. Even the United States Public Health Bureau—extremely reticent in such matters—admits "85 cases of probable or proven post-vaccination encephalitis for the period of 1922-31."

Incidentally it is worthy of note that the majority—if not all—of the post-vaccinal cases of encephalitis reported—and there were numberless cases, of course, which were never reported—followed the typhoid vaccination for which such flamboyant claims have been made.

A notable instance of this was the outbreak of *encephalitis* at St. Louis in the late summer of 1933 following an epidemic of typhoid traceable, it was said, to a polluted water-supply superinduced by the drouth. It goes without saying that wherever there is an epidemic of typhoid, the doctors will insure a plentiful supply of typhoid vaccination—whence the encephalitis which so puzzled them!

In an article in the March (1934) *Country Gentleman,* entitled "The Sleepy Death" by Paul DeKruif, even the romanticist defender of the microbe-hunting faith admits that the sleeping sickness—which doctors call *encephalitis lethargica*—is sometimes an aftermath of vaccination, and that such was the finding of the group of "scientists" whom the Government sent to St. Louis in the Fall of 1933 to study the problem.

These reported the *encephalitis* cases at St. Louis developed about ten days after vaccination, and that in all instances where death ensued—of which there were more than 100—vaccinia was indicated in the brain upon post mortem. Very significant in connection with these admissions, is DeKruif's statement that "encephalitis is a baby among the plagues that murder mankind," it having been first discovered in 1917 by a Dr. Economo of Vienna who reported 11 cases, five of whom died.

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* Facts and Comments, p. 270.

Thus it will be seen that this "enfant terrible" among the plagues came to life simultaneously with the wholesale vaccinations and inoculations that were made a routine procedure of army camp life in the world war. Very significant also is DeKruif's pronouncement in the aforesaid article, that "all that can be said scientifically about encephalitis, is that *microscopically* it is the twin of infantile paralysis."

But neither the dread of infantile paralysis nor the yet more dreaded *encephalitis* can stay the immunizing ravages of the inoculators—according to DeKruif who says: "You understand our *death-fighters* would not for a moment think of stopping vaccination"! Because, says Mr. DeKruif—resorting to the usual trick logic of the "immunizers"—the post-vaccinal sleeping sickness occurs only at the rate of about one case for every 350,000 vaccine points sold yearly in the United States. Whereas—proceeds Mr. DeKruif—"there were 46,000 cases of smallpox reported in 1932 *through neglect of vaccination"!*

We note DeKruif doesn't say *who* reported the 46,000 cases of smallpox in 1932, nor *upon whose authority* these were chargeable to "neglect of vaccination." Manifestly when the diagnosis and the compiling of vital statistics are both left in the same hands, the *incidence* of any disease can be anything the medical health department chooses to report. But *the mortality* is a different matter. A death is a concrete happening, required by law to be reported and recorded. The diagnosis or cause of death may be matter for controversy—but not the death itself. There can be no dispute about that.

Now if Mr. DeKruif had wished to be perfectly frank with the readers of his article on "The Sleepy Death," he could have told them that in that same year in which *post-vaccinal encephalitis* claimed more than 100 victims in the St. Louis area alone, *there were only 31 reported deaths from smallpox throughout the entire country!*

Nor does the encephalitis death-toll tell the whole story of the lurking dangers in the medical voodoo of vaccination. It is under strong suspicion of producing the epidemics of infantile paralysis which were unheard-of until the immunizers decided to add horse-serum, rabbit-serum, monkey-serum and other noxious witches' brew to the calf-pus of the smallpox virus. If DeKruif, who appears to be the accredited spokesman for the microscopists, is correct in saying that "microscopically" encephalitis and infantile paralysis are identical, it might occur even to the faithful to ask if "the changeful hypodermic" can cause the former, why not the latter?

As a matter of clinical observation, infantile paralysis has followed vaccination and serumization in very many instances. And who of us would not prefer smallpox to either of these deadly maladies with their terrible aftermaths for the unfortunate survivors? Not that a malign fate has hung over our heads the inexorable choice of any of these. It is only the medical health officer holding over us *the fear* of them—for his own sinister purposes. It is quite possible to avoid one and all of these plagues, simply by using a little common-sense in the hygienic care of our bodies and keeping at a safe distance the "immunizers" with their poison-laden hypodermic.

Following the announcement from Philadelphia last August (1934) that Dr. John A. Kolmer had discovered "a protective vaccine" against infantile paralysis, Dr. W. Lloyd Aycock, director of the Harvard Infantile Paralysis Commission and called "one of the most distinguished experts in this disease," gave a statement to the press that "Nature does a better job of immunizing against infantile paralysis than the artificial methods" which he branded as "hazardous." He declared this disease to be of such rare incidence that "less than one in a thousand needs to be protected," and that "vaccinating everybody could hardly be justified *in the absence of guaranties of safety."*

The California doctor who recently killed one of his own children and narrowly escaped losing the second with this "protective vaccine," will no doubt concur in Dr. Aycock's view. But despite the Harvard savant's warning and the reported vaccine casualties, Dr. Wm. H. Park, head of New York City Laboratories, is advertising for "imported monkeys at |9 apiece" from which to brew the "protective vaccine" against paralysis, and trying it out on N. Y. school children with very gratifying results—to Dr. Park! Verily the ways of the "immunizers" are like the inscrutable ways of Providence and "past finding out."

And now the latest thing in immunological advertising to date, is the film picture of a stream-line express racing the much acclaimed "iron lungs" for the victims of the creeping paralysis to a stricken Colorado district at Boulder Dam. This is a companion picture to the spectacular race of the dog-sled, with Balto and the others—over the ice fields to Nome, Alaska, ten years ago, carrying the frozen antitoxin—"the magic stuff that saved Nome"—to the 22 cases of diphtheria reported there. Incidentally, the papers reported that the diphtheria cases more than doubled after "the magic stuff" arrived, and the wife of the doctor who had ordered it died after getting her "shot" of the life-saving dope.

But the financial returns from this picturesque publicity stunt to the Mulford Company which manufactured the serum used in it, were sufficient to enable them to award gold medals to all the participants—dogs and mushers—and to erect a statue to Balto in Central Park.

Incidentally also *in re* the "iron lungs" used in cases of paralysis, it may be very pertinently observed that if the inoculators would only leave the children alone, they will get along much better with the lungs which God has given them than with any expensive iron contraption of the doctor's devising.

A most significant and authoritative witness on the substitution of more deadly maladies for those whose conquest is attributed to the Microbe Hunters, is Dr. Alexis Carrel of the Rockefeller Institute, N. Y., who writing in the *Scientific Monthly* for July 1925, said:

> Although the adult individual today has much less chance of dying from smallpox, cholera, tuberculosis or typhoid, than he had 50 years ago, he surely has more prospect of being tortured by some form of cancer, afflicted with slow diseases of the kidneys, of the circulatory apparatus or the endocrine glands, and of going insane___*Modern Medicine protects him against infections which kill rapidly, but leaves him exposed to the slower and more cruel diseases.*

Please note, dear reader, this pronouncement from the Sage of the Rockefeller Institute, in connection with the rhapsodies of De Kruif's Microbian Fairy Tales, while we follow the death-trail of the microbe hunters into the following chapter.

CHAPTER IX

The Voodoo and the Cancer Riddle

Herodotus and various medical historians relate the story of Democedes, a Greek slave-physician and pupil of Pythagoras, who when called on one occasion to attend the King of Persia, "incidentally also cured his wife of a cancer."

But apparently the ancient Greek failed to give the formula to his fellow Æsculapiads, and took the secret of cancer-cure with him into the Plutonian shade. For myriads of cancer researchers since his day have pursued the *ignis fatuus* of a "cure" with hopeless eyes.

Twenty-two years ago a prominent lay spokesman for orthodox medicine, Samuel Hopkins Adams, wrote: "In this year of enlightenment, 1913, I put the question—'What causes cancer?'—to a tableful of experts, each with a nation-wide reputation, and one after another replied 'I do not know.' " Nine years ago, at the Atlantic City Convention of the American Medical Association, one eminent authority in a heated debate with another eminent authority, exclaimed: "I admit that I know neither the cause nor the cure of cancer—and neither do you, nor anyone else here!"

More recently, in the cancer hearings before the U. S. Senate Committee on Commerce at Washington, March 13, 1930, Senator Johnson of California queried Dr. Joseph Bloodgood of the Johns Hopkins staff as follows: "In the last few years, with the advance of science and the continued research that has been indulged in, have you gentlemen who are at the very head of the profession, been able to find a remedy or cure for cancer?"

And Dr. Bloodgood, one of the directors in the American Society for the Control of Cancer, and chief apologist for that society's failure to justify its name, was forced to answer: "No. We only have surgery first, and secondly radiation." In another part of his testimony, Dr. Bloodgood affirmed the faith of all cancer surgeons and radiologists in the statement, "Cancer is a local growth in a single spot of the body."

This is the teaching of the "local theorists" who hold that the trouble starts with the local manifestation—with the lump, tumor or lesion in visible evidence. This, they claim, if taken in time, can often be thoroughly eradicated by surgery or cautery of some kind; but that if it isn't so removed, it will send its poison down through the system, causing general toxemia and death.

Now if the local theorists are right in their major premise about the local origin of cancer, their local remedies are perfectly logical, and the cutting or burning when skillfully done should end the matter in the majority of cases—certainly in half of them. But does it? The best authorities estimate that over 90 percent of the cases diagnosed as cancer, die of it, in spite of frequent applications of both surgery and radium. Dr. James Ewing, another expert witness at the Senate cancer hearing, admitted this, and further voiced the pessimistic view that he did not believe "there is any reasonable expectation of a great new discovery entering the cancer field in this age" that would improve the present situation.

The usual explanation given by the local theorists for the failure of their local remedies, is that the candidates for operation *didn't come in time.* Their slogan is "early and radical excision." Because, they say, if any portion of the cancerous tissue is left in the patient's body, it will furnish a nucleus for a new growth which will grow faster than the first. All authorities agree that irritation of any kind will greatly aggravate a cancerous condition. Dr. Leo Loeb, of the University of Pennsylvania, sometimes called "the father of cancer research in America," is quoted as saying that he learned early in his cancer practice that "merely drawing a silken thread through a benign, slowly-developing tumor would transform it into a malignant, rapidly developing one," and that "cutting with a knife had the same effect."

The most conspicuous exponent of the local theory of cancer in this country is The American Society for the Control of Cancer, which comprises about 500 of the leading surgeons and radiologists in the United States, together with 50 or 60 laymen. From its inception in New York City, May, 1913, this Society has industriously disseminated cancer propaganda based on the local theory of the disease, broadcasting thousands of lectures and distributing millions of pamphlets and posters—all ringing the changes on its central pronouncement that "early diagnosis and early operation are the only hope of the cancer-stricken!"

To this end the Society for Control conducts an annual crusade in various cities of the Union under the exciting call of "Cancer Week," whose announced purpose is "Instructing the laity how to detect the early symptoms of cancer," and to frightening as many of them as possible to the operating table.

In the literature passed out to the public during these Cancer-Week raids, are two bulky pamphlets labeled respectively "What We Know," and "What the Laity Should Know," about cancer. A critical inspection of these, however, does not disclose a great deal of difference between what the doctors know and what the layman might be permitted to learn. Yet on page 8 of the Doctors' Manual we encounter this very significant and disturbing paragraph:

> It is a well-known fact that a considerable number of malignant tumors *are not recognized by the doctors themselves when the patients present the early symptoms of the disease.* The early diagnosis of cancer is the one factor of greatest importance in the successful control of the disease, but unfortunately *the early symptoms of cancer are not distinctive,* and serve only to arouse suspicion of the presence of the disease . . . In most situations, the dictum holds true that *the more certain the diagnosis, the less the probability of cure.*

So here we have the official admission from the savants of the Society for Control, that they had launched a campaign of education to teach the laity how to detect incipient cancer which they can't detect themselves! Not discouraged by this, however, the Society next directs the public's attention to "pre-cancerous symptoms"—such as warts, moles, birthmarks, and ugly scars—since both the doctors and the laity are able to recognize these when they see them. So these, listed as "danger signals" in lurid red lettering on separate dodgers, are widely scattered during "Cancer-Week" in libraries, drug-stores, parks and elsewhere, like hand-bills of the surgical trade.

When asked if there was not danger of developing "Cancerphobia" in the public mind by this scare-head publicity, Dr. John Gerster, chairman of the New York City Committee of the Society for Control, replied that "it would be a good thing if it did. Anything that would scare persons into going to a physician for a thorough examination, would be beneficial."

Such a pronouncement is quite understandable from the physician's viewpoint—professional and economic. But what the lay public is interested to know, is, "What has been the practical effect of all these 'Cancer-Week' campaigns on the cancer situation?"

There is a grim irony in the fact that every year since the American Society for the Control of Cancer was organized, there has been a steady rise in both the incidence and death-rate of cancer, which in the past 10 years has climbed from fourth to second place as a cause of death in the United States, according to the latest Census figures which now put the number of cancer victims in this country at 125,000 annually.

The late Dr. L. Duncan Bulkley, founder of the N. Y. Skin and Cancer Hospital, writing in the N. Y. *Medical Record,* February 19, 1921, and also in the N. Y. *Times* of approximate date, said: "In the year 1915—following the crusade of overzealous surgeons throughout the country, propagating ideas regarding the local nature of cancer and urging the immediate, radical excision of every blemish or lesion which they chose to call 'pre-cancerous' . . . *there was a rise in cancer mortality actually more than double the average rise during the preceding five years,* as shown by U. S. Statistics."

And Dr. Bulkley produced the official figures in confirmation of his statement. But the medical profession has always been "a house divided against itself" on all vital and therapeutic questions, and cancer is no exception. Dr. Bulkley belonged to the school of thought which denies the local origin of cancer and teaches the constitutional or blood theory, which holds that the trouble starts with a vitiated blood-stream, and that the local manifestation instead of being the beginning, is the end product of prolonged toxemia.

This constitutional—or as some prefer to call it—"biochemical" conception of malignant growth was the earliest conception of it, entertained by the ablest medical minds in ancient times; but it gradually gave way before the more popular local theory calling for local remedies. More popular, because the panic-stricken patients like to see the fearsome lump or tumor disappear quickly under the knife or cautery, and surgeons find it profitable to humor their fears in this respect. Cancer surgery is probably the most lucrative branch of modern medical practice since appendectomies declined in popularity.

Eighty million dollars a year for cancer operations alone—exclusive of hospital bills and physicians' attendance—is a conservative estimate of the rich harvest this portion of the sick world yields to "regular" medicine, when we consider the number of cancer deaths, the great majority of whom have been under the knife, many of them more than once. For the well-to-do the price of a cancer operation runs from a thousand to ten thousand dollars, and for the middle classes it is "all the traffic will bear," as a rule. It is true, operations are sometimes performed gratis by surgeons who feel themselves compensated by the opportunity for wider experience and the increased skill which practice brings.

Still the large returns from surgical practice in the cancer field may be somewhat gauged by the generous salary paid—$10,000 a year, it is said—by the American Society for Control, to a high-powered lecturer to go all over the country proclaiming the gospel of the local theorists and their remedies. By this and other means, an enormous propagandizing machinery based on the local origin of cancer has been built up, and correspondingly the channels of publicity have been closed to the expression of any other view.

The few courageous voices in the medical profession raised on behalf of the constitutional nature of the disease and pleading for a more rational treatment, have been silenced or ignored. Among the outstanding exponents of the constitutional theory in England, we find such names as William Lambe, John Abernethy, Sir Astley Cooper, and Sir James Paget for the earlier period; and in more recent times, Herbert Snow, Alexander Haig, Robert Bell and Sir W. Arbuthnot Lane. Among Americans subscribing to this view, the most conspicuous are Willard Parker, L. Duncan Bulkley, Laureston A. Merriam and Horace Packard of Boston University, Dr. David H. Reeder of Kansas City, and Dr. Wm. F. Koch of Detroit.

The punishment meted out to the venerable founder of the N. Y. Skin and Cancer Hospital for his indiscreet utterances *in re* the disastrous consequences of widespread surgical propaganda, was to be thrown out of the hospital he had devoted 40 years of his life to upbuilding, and to be expelled from the American Society for Cancer Research of which he had been a lifelong member.

Dr. Robert Bell, head of the Cancer Research Department of Battersea Hospital, England, and vice-president of the International Society for Cancer Research, when confronted with the same vindictive spirit from the British local theorists, fared better than Dr. Bulkley in America. He sued the leaders of the British Medical Society for stigmatizing him as a "quack," and was accorded damages in a court action in the sum of 10,000 pounds. After that Dr. Bell pursued his constructive cancer work along constitutional lines at Battersea Hospital unmolested until the time of his death a few years ago.

In an article entitled "Cancer is a Blood Disease and Must be Treated as Such," published in the N. Y. *Medical Record,* Mar. 18, 1922, Dr. Bell wrote:

> With reference to the treatment of cancer by local methods, it beats me to comprehend for a moment how one can expect to cure a blood disease—which cancer undoubtedly is—by attacking its local manifestation, and leaving the source of the trouble to take care of itself without making any effort to improve the quality of the bloodstream. For depend upon it, *every cell of the body is affected, and has been affected for a long period prior to the appearance of the local outcrop.* . . .In my view, cancer is the outcome of prolonged toxemia, and a vitiated blood supply affecting the nervous system and the efficiency of the endocrine glands, explains the absence of healthy cell-metabolism and the dire disturbance which we call cancer.

In another place Dr. Bell says:

> Cancer is rooted in every drop of blood in the body, and we may as well expect to stop the growing of apples by picking them off of the trees, or stop the springing of dandelions by cutting off the blossom and leaving the root in the ground, as to expect to destroy malignancy in the human body by attacking the outward growth.

In this March *Medical Record* (1922) article, Dr. Bell cited six cases of malignant internal cancer—all so diagnosed and most of them recurrent after operation at one or another of well-known London hospitals, and then dismissed as "inoperable and incurable"—which he took charge of, and by a regimen of judicious fasting and dieting, together with small doses of thyroid extract, he had restored to normal health.

In July 1922, a woman lecturer of New York City, well-known for her educational writings on health subjects, gave a 15-minute radio talk on cancer. Taking as her text Dr. Bell's article in the *Medical Record* and citing the other medical authorities in support of the constitutional nature of the disease, she urged the cancer-stricken to reform their dietaries and other daily living habits, with the view of building up the blood on a healthy basis, instead of rushing to the operating table for quick and futile relief.

The station over which this lecture, called "A Message of Hope to the Cancer-Stricken," was broadcast, was controlled by the Westinghouse Company, and located at Newark, N. J. A few days later, the vice-president of the Westinghouse Company at his New York offices received the following letter:

> Dear Sir: I am very much astonished and pained to hear of some stuff that was put out recently from the WJZ station, where a female quack was allowed to do a lot of advertising, roasting the doctors, and making silly statements about cancer being curable by diet.
>
> If any one of your officers wants to try that, he will as surely die as if nothing had been done for him. It is most unfortunate that this lecture should have aroused so much interest, and that a big concern like the Westinghouse Co. should have helped to spread such dangerous doctrine.
>
> I can safely say there are 90,000 doctors in the U. S. who know that what this woman says is not true. If it were true, then cancer would be hopeless from the beginning; for if it is a blood disease, no operation could reach it. But any doctor knows that this is a lie.
>
> I hope you will put a stop to any further broadcasting of this nature. Altho' the mischief is already done in this case, there may be other quacks who will want to put out similar dangerous statements.
>
> Very truly yours,
> (Signed)...............Director of Crocker
> Institute, Cancer Research, Columbia
> University, N. Y. City.

This letter is noteworthy on several counts. First, because of its intemperate and disingenuous tone in stigmatizing as "a female quack" a highly intelligent and cultured woman who was not a practitioner of any school of healing, and therefore not in the category of "quacks" in any accepted sense of the term. Ignoring the high medical authorities she had quoted in support of the blood theory of cancer, the director of cancer research at Columbia University gives the Westinghouse official to understand that it rests on no other authority than "what this woman says," and adds that "any doctor knows that she is lying."

In this he showed himself ignorant of the history of his own institution. One of the most conspicuous exponents of the constitutional nature of cancer in America, was Willard Parker, who for 30 years held the chair of surgery in the Columbia University Medical School. Very pertinent to the director's fulmination against "silly statements about cancer being curable by diet" is the following quotation from Parker's writings in 1880. He said:

> Luxurious living, *and particularly excess in animal food,* increases the waste products of the body, which if retained in the system have a tendency to produce abnormal growths. . . . *Cancer is to a great degree one of the final results of a long-continued course of error in diet,* and a *strict dietetic regimen is therefore a chief factor in the treatment—preventive and curative.* (Italics mine.)

Another authoritative voice on the relation of diet to cancer, is that of Dr. Horace Packard who in an address before the Homeopathic Surgical and Gynecological Society of Chicago in 1915, said:

> Since a critical examination of the habits of life of civilized, cancer-plagued people, in comparison with the habits of primitive, cancer-free people, shows that the main difference between them is in a dietary poor in mineral salts among the cancer-plagued and a dietary rich in mineral salts among the cancer-free people, *the most logical and rational course is to adopt this as a keynote to cancer treatment.*

The very vital connection between diet and cancer is, of course, a necessary, inevitable corollary to the constitutional or blood theory of the disease, and the hostility expressed in this letter toward dietetic preachments to cancer sufferers, is perfectly understandable from the view-point of its writer—a well-known protagonist of the local theory. For it will be readily seen that these two theories are diametrically opposed and mutually exclusive, calling for radically different treatment.

This much is conceded by the Columbia director in the statement, "If it is a blood disease, *no operation could reach it."* We note he doesn't say the trouble couldn't be reached by some other remedy, but only that "no operation can reach it," and to this pronouncement the blood theorists will undoubtedly agree. But the inference is plain, that "the dangerous doctrine" denounced by the local theorists means *dangerous to the surgical trade.*

No one need shrink from this aspect of the matter save those who idealize the doctor as one made out of finer clay than the rest of us. Those who know him to be swayed by the same impulses of professional jealousy and self-interest as men in other vocations will not fail to hear the snarl of outraged self-interest in the above quoted letter from the head of Cancer Research in one of our leading universities.

Its dishonest and discourteous implications toward the woman-lecturer in the case; its threat to Westing-house officials who might dare lend an ear to her message; and the high-handed attempt to muzzle a public medium of expression for private ends all should shed a revealing ray on the puzzle-picture of the cancer situation, for those who have eyes to see and ears to hear.

It is worthy of note that all the talk about the puzzling and mysterious nature of cancer, "baffling the highest medical wisdom and skill," emanates from the advocates of the local theory of the disease; for only by representing it as an unsolved and insoluble riddle, can they excuse their failure to find a remedy. Yet the evidence is overwhelming that, not only do they refuse to consider any viewpoint or any methods of treatment except their own, but they use their utmost endeavor to prevent the public and the world of cancer-sufferers from hearing about anything else.

In 1924, the J. Ellis Barker book on *Cancer; How It Is Caused and How It Can Be Prevented,* appeared in England and America. Although written by a layman, the son of an eminent English physician, the work abounds in quotations from well-known medical authorities and carries an introduction by Sir Wm. Arbuthnot Lane, consultant surgeon at several London hospitals and one-time physician to the Royal family, who said of the Barker book:

> I know of nothing similar to it in medical literature, and I should not be surprised if professional and non-professional opinion would declare Mr. Barker's book to be easily the most important practical work on cancer existing in English or any other language.

Such a eulogy from such a source is the more remarkable in that the J. Ellis Barker book completely overturns all the traditions and stereotyped maxims of the local theorists. The book is dedicated "to all those men and women who do not wish to die of cancer," and while the author does not prescribe any specific cure—once the disease is established—he very definitely sets forth its cause and prevention, with a wealth of detailed information, both of statistical material and expert opinion in support of his position.

The cause of cancer he declares to be two-fold: "chronic poisoning and vitamine starvation." The poison may be introduced from without or generated from within. In the former class are aniline and paraffin fumes, deep burns of any kind—including X-ray and radium burns,—and arsenical poison, whether breathed in through the lungs or taken as medicine into the system through the mouth or by subcutaneous injection. Mr. Barker quotes various medical authorities, among them Sir Jonathan Hutchinson, F.R.S., to show that "the continued medical use of arsenic in extremely small doses may lead to cancer after 20 years or more, and after the discontinuance of the drug—in one case for 14 years." He also cites the case of Silesian miners in the cobalt mines of Schnéeberg, "who developed a most unusual form of cancer, cancer of the lungs, from breathing in arsenic after having been employed in the mines for more than 20 years."

All through this volume the author exhibits great deference to medical opinion and authority, and props his constitutional view of cancer with all the heavy medical timbers he can drag into position. Indeed he makes it quite clear in his preface that without the support and encouragement from the dissenting voices in the medical profession to the local theory of cancer, he could never have presumed to oppose it in such open fashion.

He dismisses trauma, irritation, and old age as primary causes of cancer, while admitting that a blow or constant friction may be a contributing factor where the cancer poison is already present in the blood. But the old-age theory of cancer is punctured by a fact emphasized over and over again in this book, that the cancer-producing poisons are *cumulative* in their effect, requiring as a rule twenty, thirty, and sometimes forty years for development before manifesting in a local outbreak. Mr. Barker says: "One might compare the genesis of cancer to that of a poisonous snake which must arrive at maturity before it can bite and kill the patient."

In other words, elderly persons who have kept their systems free from the poisons which generate cancer will not be attacked by it simply because they are old; nor will they be as liable to the disease as younger persons who have not maintained such internal cleanliness. This is certainly a much more cheerful as well as more rational view of the situation than the "old-age-cancer" spectre of the local theory.

Among the cancer-producing poisons, Mr. Barker gives first place to auto-intoxication resulting from retained body-waste. Evidence of this is given in the fact that practically all cases of cancer exhibit a background of constipation. Very significant and illuminating in this connection, in what it reveals of the medical conception of disease, is Mr. Barker's statement that "until quite recently doctors treated constipation perfunctorily with a pill or a draught, *and considered it a triviality unworthy of their attention!*"

And with this blind-bridle outlook, the medical profession has been trying to solve the cancer riddle for 3,000 years!

Another flagrant example of blind-bridle medical tactics in handling disease, is the custom of inoculating human blood-streams with animal disease-cultures, starting in the 18th century with Jenner's "discovery" and continuing to the present with Schick-testing, tuberculin-testing, typhoid vaccination, etc., and ending with the latest thing in blood-letting—the blood serum drawn from infantile-paralysis convalescents. Although condemned by some of the foremost pathologists and epidemiologists as "blood assassination" and "grotesque superstition," this so-called "preventive medicine" continues in great favor with organized "regular" medicine today; and curiously enough, Mr. Barker omits any mention of vaccination and serumizing as instances of chronic poisoning by absorption, and therefore prolific sources of cancer-producing agents.

Indeed there is good ground for believing the doctor's inoculating hypodermic a more fruitful generator of cancer-poison than any of those listed by Mr. Barker. For besides introducing poison directly into the blood-stream, these animal "bio-products" *also introduce* products of *a new kind of cell*—different from the human cell—and one which normally reproduces itself much faster than the human. What more reasonable inference than that this foreign cell material should start up in the human body the too-rapid cell-proliferation which is the outstanding feature of cancer?

There are not lacking medical men of high standing to testify to the soundness of this conclusion. William Scott Tebb in his book, *The Increase in Cancer,* quotes a number of eminent authorities—among them Dr. Wm. Forbes Laurie, late medical director of the Metropolitan Cancer Hospital, London—as being "thoroughly convinced that continuous, persistent vaccination is an important contributing cause of cancer increase." Dr. F. P. Millard, a prominent osteopath of Toronto and president of the National League for Prevention of Spinal Curvature, says: "Abolish vaccination, and you will cut the cancer death-rate in half."

J. Ellis Barker could not have been ignorant of the eminent medical witnesses to the folly and wickedness of vaccination, nor of the statistical evidence of its futility afforded by official records in his own country: and it seems both contradictory and futile to proclaim cancer a blood disease, the slow outcome of blood poisoning by absorption, and at the same time condone a form of blood pollution holding the elements most favorable to cancer development.

Perhaps Mr. Barker did not feel strong enough to combat more than one pet theory of the "regulars" at one time; and perhaps it was his sensitiveness to "regular" professional approval that forbade his following his major premise of the constitutional nature of cancer to its logical condemnation, not only of blood contamination by vaccines and serums, but also of the approved, standardized medical remedies for psoric and venereal diseases.

Yet if arsenic administered to suppress psoriasis (itch) can cause skin or epithelial cancer; and arsenic breathed into the lungs of cobalt-mine workers can produce cancer of the lungs—as stated by Mr. Barker; then consider for a moment the limitless possibilities for cancer development in the age-long practice of shooting arsenic and mercury—neo-salvarsan—into the blood-streams of real and suspected syphilitics! And in the light of all these known facts, how long, may we figure, will it take the medical profession to find a cancer cure while they keep up their cancer-producing practices?

Despite the deferential and conciliatory tone of the J. Ellis Barker book, its American publisher, E. P. Dutton & Co., is my authority for it that the American Society for the Control of Cancer threw every possible obstacle in the way of its circulation in the United States. At this Society's N. Y. headquarters I was informed that Arbuthnot Lane, the famous London surgeon who endorsed it, was refused audience before the American Society when he came to this country lecturing in 1925 because the "Society for Control did not approve of Dr. Lane's views."

The recent sensational "cancer discovery" at the University of California drew immediate fire from the citadel of organized medicine in Chicago, not because of the publicity it evoked as was claimed, but *because the California discovery was based on the constitutional theory of cancer,* as the treatment was administered subcutaneously and not at the site of incidence. This Eastern criticism of their local professors led the *San Francisco Argonaut*—usually the staunch defender of orthodox medicine—to charge in its March first (1930) issue that "two independent establishments which were treating cancer successfully, one in W. Virginia and one in Illinois, had been raided and put out of business by the A.M.A. in the past few years, the only offense of these sanitariums being that they were showing cancer-patients how to get well." Concerning the efficacy of the star prescriptions of the surgeons and radiologists, Frederick Hoffman, easily first among statistical authorities, said in 1927:

> The cancer record for 1926 is a dismal indictment of the failure of modern efforts to check the ravages of this dreadful affliction. The more thoroughly familiar one is with the methods to be followed (surgery and radium), the more one becomes convinced of the utter futility of them, which rest chiefly on *claims for money and more money,* instead of upon more and more unselfish devotion to the underlying facts and conditions.

CHAPTER X

The Voodoo and Vivisection—Animal and Human

"It was to save babies that they killed so many guinea-pigs," exclaims the romanticist defender of the microbe-hunting faith, in writing of the frantic efforts of Roux, Behring, Loeffler et al. to discover a cure for diphtheria by the microbic route.

"To save babies" has been the vivisector's immemorial plea to defend the cutting, burning, boiling and poisoning of live dogs and cats, as well as the less-prized guinea-pigs, rats and rabbits that have furnished the experiment material for his cruel trade. The cruelty of vivisection is not usually denied by anybody, but it is condoned on the baby-immunity plea, with the further defense sometimes put forward, that the vivisecting is performed "with every consideration for the laboratory animals, who are anaesthetized against pain as carefully as the human subjects of surgical operation."

The fact that the vivisector's work is done behind closed doors for the most part, that only a few persons in the immediate neighborhood of the laboratories hear the cries and moans of the animals, prevents the lay public from getting any knowledge of the actual nature of these experiments except what comes from the vivisectors themselves or their paid emissaries—both of whom are interested in soft-pedaling the horror of the thing, of course. However, no softening the horrors is attempted in some instances, where one vivisector heart speaks to another under the seal of the medical confessional—"the literature," where profane inquisitive lay minds are not supposed to penetrate.

Take for example, the following published reports of experiments described in detail by the experimenters themselves, and the reader may decide for himself, or herself, whether such experiments could possibly be conducted without pain to the pitiful subjects of them, or under the deadening effects of any known form of anaesthesia: Dr. Blair Bell, an English vivisector of some renown, who was once entertained by his vivisection brethren in the United States, reported in the *British Medical Journal* a very unique experiment he had performed on the brain of a dog.

Opening the dog's skull, he had affixed a wax tumor to its brain and then closed the scalp wound. Ninety-eight days later he published a picture of that dog—a poor, wretched deformed creature, distorted in every limb, and presenting a horrible, piteous spectacle. Dr. Bell's excuse for this exquisite piece of work was that he was trying to discover something about the pituitary gland, though he failed to say what that valuable discovery was; and there is no reason for thinking this revolting episode produced anything except untold agony for the dog, and perhaps a certain sadistic satisfaction to the experimenter.

"There is in man a specific lust for cruelty," says Bernard Shaw, "which infects even his passion of pity and makes it savage. A craze for cruelty can be developed, just as a craze for drink or drugs. . . . Those who accuse vivisectors of indulging a passion for cruelty under the cloak of research, are therefore putting forward a strictly scientific, psychological hypothesis, simple, human, obvious and probable."

Only on some such "psychological hypothesis," can we account for the foregoing, and the following grotesque and ghastly experiments upon dogs: Sir John Rose Bradford, another British vivisector, confided to his medical colleagues—in "the literature"—that he had conducted experiments on 39 little fox terriers, by taking out one kidney and cutting away the other piece-meal, in order to see how long these intelligent little animals could live with as little kidney as possible!

When Sir John was asked before the Royal Commission on Vivisection in London, 1912, what he had learned from this, he, after some hesitation, replied: "Well, we did discover that dogs do not suffer from anything akin to human Bright's Disease"!

Even surpassing in revolting detail these British vivisectional procedures, are some by-plays of savagery—hardly deserving to be called "experiments"—described by an eminent American vivisector, Dr. George W. Crile of Cleveland, Ohio, in his book, *Surgical Shock.* Here are some of the things Dr. Crile relates over his own signature as having been done by him to 148 dogs under his vivisectional care, "in order to ascertain the physiological effect of shock"—to quote his own words. He tarred some of them over and set fire to them. He cut others open, took out their entrails and poured boiling water into the cavity. He held their paws over Bunsen flames; deliberately crushed the most sensitive organs of the male, and broke every bone in its paws with a mallet. In others, he poked out their eyes with a tool and then scraped the empty socket, etc., etc., ad nauseam.

Then we are asked to accept the testimony of vivisectors as to the humane conditions under which their operations are conducted!

"It is hardly to be expected," says Shaw, "that a man who does not hesitate to vivisect for the sake of science, will hesitate to lie about it afterwards to protect it from what he deems the ignorant sentimentality of the laity."

In other words, lying should come easy to men engaged in so much worse things, is the opinion of George Bernard Shaw, who speaking for himself says: "Personally, I'd rather swear fifty lies than torture a dog that had licked my hand." And it was Mark Twain who said: "I wonder that any one is proud to belong to a race which includes vivisectors."

Indeed it may well be doubted, whether even men blinded by the lust of cruelty would record such things as the above cited experiments for other vivisectionists to read, and take the chance of having them fall into unfriendly hands, did they not feel themselves secure from popular indignation and the fury of animal lovers under the sacred palladium of "science." So let us see what the scientists themselves have to say about it, the most significant witnesses being physicians and surgeons whose labors, it is claimed, are lightened and aided by vivisection.

Sir Lawson Tait, the most distinguished surgeon of his day, Fellow of the Royal College of Surgeons both in Scotland and in England, and Professor in Queen's College of Birmingham, said in the Birmingham *Post* of Dec. 12, 1884:

> Like every member of my profession, I was brought up in the belief that by vivisection had been obtained almost every important fact in physiology, etc., etc___I

> know now that nothing of the sort is true concerning surgery; for not only has vivisection not helped the surgeon, but it has often led him astray.

Again in 1899, in the *Medical Press,* Tait said of the animal experimentation:

> Such experiments never have succeeded, and never can; but they have—as in the cases of Koch, Pasteur and Lister—not only hindered true progress, but have covered our profession with ridicule.

Dr. John Richard Cowan, Gold Medalist in Surgery both in England and France, late Senior Surgeon to Kensington General Hospital, when speaking before an Anti-Vivisection and Animal Protection Congress held in Washington, D. C. in 1913, had this to say:

> For more than 25 years I have practiced surgery, during which period I have performed some thousands of major and minor operations, both in hospital and private practice. Yet I can not recall one single instance in which I owed anything to the published results of vivisectional experiments. Therefore, after all these years, it is my deliberate, considered opinion, that vivisection as a method of research is wrong and misleading.
>
> Search as we will, we cannot find that experiments on living animals, involving their mutilation and torture, has done anything at all to advance the science of healing. On the contrary, by leading earnest men along the wrong road of research, it has certainly retarded true scientific progress. The same efforts rightly directed must have effected results.

Dr. Henri Boucher, Chevalier de la Legion d'Honneur, and President of the S.P.C.A. at Paris, sent to that same International Anti-Vivisection Congress at Washington, the following message:

> From remote antiquity the leaders of men have always tried to justify their most cruel and barbarous actions by putting them under the protection of a high ideal. In our day the vivisectors, to justify their barbarous practices, assert that they achieve remarkable results which enable science to benefit humanity.
>
> Well, we are free to say that all these assertions are essentially false; that religious, judicial, or scientific torture never produced anything but pitiable results, and never amounted to anything but error, failure and disaster.

Robert H. Perks, M.D. and F.R.C.S. (England), states the case for the opposition to vivisection very clearly and succinctly in the words:

> I condemn vivisection (1) because it is unscientific, and its results are therefore misleading, contradictory and useless. It also tends to cause neglect of the true scientific methods of clinical and pathological research. (2) It causes severe suffering to animals without any corresponding advantage to them or us. And (3) its effect on those who practice or witness it, is inevitably to

> develop cruel, callous tendencies which are a grave menace to society.

Dr. Charles Bell Taylor, Senior Surgeon to the Nottingham and Midland Eye Infirmary, and the most distinguished oculist of his time, left $50,000 in his will to aid the cause of Anti-Vivisection. He left also this testimony in regard to the practice of vivisection:

> The public would not tolerate vivisection for a day if they did not believe that the animals were rendered insensible; when the plain fact is, that in many experiments to render the animal insensible would defeat the object of the operator.

This was notably true in the case of Dr. Crile's experiments with the dogs, which he expressly stated were undertaken for the purpose of noting "the physiological effect of shock."

Dr. Taylor deposes further:

> No good ever came of vivisection since the world began, and in my opinion no good ever can. The arrogance, the conceit and the sophisms of the so-called "scientists" of today are as like the arrogance, the conceit and the sophisms of the Torquemadas of old, as the physiological laboratory is like the Torture Chamber of the Inquisition . . . We have gotten rid of the one, and we shall get rid of the other . . . Animals have rights, and men have duties to them. For us to ignore the one or counsel neglect of the other, is simply to proclaim ourselves enemies of the human race and foes to progress.

If space permitted, these quotations from eminent physicians and surgeons could be multiplied manyfold; but unfortunately these fine men are not the ruling voices in the medical profession. They are the truth-tellers, but not the politicians and hierarchs of regular medicine.

One doesn't need to be an "expert," however, to grasp the obvious, commonsense factors in vivisection which proclaim the inutility, and therefore the criminality of the practice. First, the structural, physiological and mental differences between man and the other animals render any deductions from animal experimentation inconclusive and untrustworthy. Second, even if these differences did not exist, the abnormal conditions—intense pain and terror of the animals used for the experiments—destroys their physiological significance. And third, the fact supported by the logical inferences from the foregoing, and from the testimony of vivisectors themselves—that nothing has been learned from these experiments which they did not already know, or which could not be better established from clinical observation of human beings.

Needless and wanton cruelty inflicted on anything endowed with feeling carries its own condemnation. Yet reprehensible as is the laboratory vivisection upon the score of animal suffering, it is far worse from the human standpoint. The mental suffering produced in sensitive natures who happen to be specially fond of animals, by the thought of the laboratory crucifixions, is a phase of the subject that has been too often overlooked, or has been made the butt of coarse jests by the insensate and non-comprehending. Mr. George Jean Nathan, one-time editor of *Smart Set* and *The American Mercury,* once perpetrated the atrocious wise-crack that "an anti-vivisectionist is *a woman* who strains at a guinea-pig and swallows a baby"!

There are two dishonest implications in this puny epigram. First, that all opponents of vivisection are female; and second, that there is an inherent conflict between the rights of the baby and the rights of the guinea-pig—which show its author to be either densely ignorant of the subject he essays to be funny about, or else deliberately misleading.

Ignorance is the more likely explanation, since he reflects an ignorant popular notion about anti-vivisectionists as a lot of hysterical women—spinsters and childless matrons—whose natural impulses, denied normal expression, have been turned into abnormal love of animals. "The scientific world cannot be expected to turn from its high purposes because of the sentimental cackling of neurotic women!"

Granting that some of the opposition to vivisection comes from lonely women in whom frustrated instincts may have produced what modern psychologists term an "animal neurosis." Do the defenders of vivisection realize that the men who engage in *that business* are under the imputation of neurosis and perversion also? And will any one argue that it is better for a mental twist to take a cruel than a kindly turn?

The best refutation of this "neurotic-women" argument, however, is to call the roll of able and distinguished men—aside from doctors—who have opposed vivisection in all ages and all countries. Among English men of letters, Dr. Samuel Johnson, Jeremy Benthem, Thomas Carlyle, Robert Browning, Edward Carpenter, Thomas Hardy, John Galsworthy, Charles Dickens, Oliver Goldsmith, John Lecky, Edward Augustus Freeman, Regius Professor of History at Oxford, Walter Savage Landor, Jerome K. Jerome, Robert Louis Stevenson, Tennyson, Ruskin, G. K. Chesterton and G. Bernard Shaw are some of those who denounced the practice of vivisection in terms that could not be misunderstood.

Among American writers who were proud to answer the roll-call of anti-vivisectionists were Mark Twain, Robert Ingersoll, Elbert Hubbard, Edwin Markham, William Dean Howells, James Martineau, Bolton Hall, James Oliver Curwood and Edmund Vance Cooke. Among literary celebrities of other countries denouncing vivisection, Voltaire, Victor Hugo, Maeterlinck, Maarten Maartens, Tolstoi and Richard Wagner, are a few outstanding examples. Concerning the attitude of the literary world, Bernard Shaw says:

> From Shakespeare and Dr. Johnson to Ruskin and Mark Twain, the natural abhorrence of sane mankind for the vivisector's cruelty, and the contempt of able

> thinkers for his imbecile casuistry, have been expressed by the most popular spokesmen for humanity.

But perhaps literary characters, even though masculine, are too tame and pallid by nature to make them competent judges of this red-blooded, two-fisted business of torturing dumb animals? Many writers, we are assured, are under "scientific" indictment or suspicion of harboring neuroses. So let us turn to the list of statesmen, jurists, men of affairs and naturalists—real scientists—who have raised their protest against this form of cruelty in the name of science.

Among these protestants, we find such names as Bismarck, John Bright, Viscount John Morley, Lord Chief Justice Coleridge, Lord Chanceller Loreburn, Sir Frederick Banbury, Sir George Greenwood, Maurice Barres, the Marquis du Trevou, Admiral Dewey, Senators Henry W. Blair and Wm. E. Chandler, in the political world; while in the field of science, Alfred Russel Wallace—co-worker with Darwin, Baron Georges Cuvier, founder of the science of Comparative Anatomy, Auguste Comte, famous French naturalist, George Searle, lecturer in Experimental Physics at Cambridge, England, and Luther Burbank, the American "wizard of plant life"—are sufficient, singly or collectively, to discredit the "scientific" claims of the vivisectors.

Probably the root-source of most of the condemnation of vivisection by these distinguished men is the well-nigh universal man-love for dogs. An outstanding historic example of this is a recorded incident in the life of Senator George Graham Vest of Missouri. In the twenty-four years that he sat in the United States Senate, Vest was regarded as a keen and eloquent debater; but it may well be questioned whether his eloquence in debating any legislative measure was ever quite so effective, as when on one occasion in the Missouri courts he defended a claim for damages by a poor man for his dog—just an ordinary cur—which had been wantonly shot by a neighbor. The plaintiff demanded $200 in reparation for the loss of his dog, and when Vest had finished speaking, the jury awarded him $500 without leaving their seats! Mr. Nathan might well remember that these jurors were all men.

One does not need to be an extreme animal lover, however, to be repelled by the thought of animal torture. Even those hunter sportsmen who ruthlessly kill them for pleasure or gain will balk at the long drawn-out agonies staged in medical laboratories. And worse even than the sufferings of the animals, or the mental suffering of their friends, is the hardening, deadening effect of vivisection upon the vivisectors. The callousness superinduced by constant participation in, or witnessing of, cruel practices upon any sentient creatures, will inevitably be reflected in dealings with the human animal.

The truth of this is abundantly attested in reports in medical literature of experiments with "human material." These reports are given with a frankness of detail that clearly indicates either that the experimenters have attained that degree of callousness which renders them unconscious of any wrong-doing, or that they feel themselves safe both from the prying scrutiny of the laity and the condemnation of their own colleagues. Experience has shown that the confidence of the human vivisectors in both these respects is fully justified. Few laymen read medical books or journals, while the medical code of ethics enjoins that *individual* medical judgment and conscience must ever be subordinated to the professional necessity of throwing the palladium of silence around medical blunders or crimes, to protect them from public censure.

The term, *vivisection,* meaning etymologically *cutting into living tissues,* is here used in its restricted sense of experimenting upon animals or humans—whether accompanied by cutting or not—for purposes of scientific investigation as distinguished from therapeutic treatment, such as surgical operations for the correction of pathological conditions. In other words, vivisection is undertaken *to find out something of interest to the vivisectors,* and not for the relief or benefit of the subject of the operation. Bearing this in mind, we herewith submit a few outstanding examples of human vivisection, performed by certain eminent members of the medical profession in the United States, condoned and endorsed by organized, official medicine, and in one instance publicly approved and honored by the President of the United States himself. In the *Archives of Internal Medicine* for Dec. 15, 1908, published by the American Medical Association, an article entitled "A Comparison of the Von Pirquet, Calmette, and Moro Tuberculin Tests and their Diagnostic Value," is signed by Samuel McC. Hamill, M.D., Howard Childs Carpenter, M.D., and Thomas A. Cope, M.D. It is an amazing story of experimentation upon 160 helpless children—mostly foundlings—by these eminent gentlemen, to determine the comparative diagnostic value of four different methods of administering the "tuberculin test."

In the above cited instance, four different methods were used in applying the test, three of them—the Calmette, the Von Pirquet and the Moro—taking their names from the doctors first prescribing them. In the Calmette test—also called the "Conjunctival test"—a drop of the tuberculin fluid is placed in the eye; the Von Pirquet method consists in scraping the skin as in vaccination, and applying the tuberculin to the scraped area; and Moro's method involves the use of an ointment containing the tuberculin which is rubbed into the skin. A fourth method, by subcutaneous injection, carrying no authoritative eponym, was apparently sponsored by the profession. The high points in this story of human vivisection are best given in the experimenters' own words:

> "Practically all our patients were under 8 years of age, and all but 26 of them were inmates of St. Vincent's Home [in Philadelphia], an institution with a population of about 400 foundlings, orphans and destitute

> children," testified Drs. McC. Hamill, Carpenter and Cope in the above cited report in the *Archives of Internal Medicine,* Dec. 15, 1908.

It is plain, from the reported ages of these children used as experimental material by the authors of this report, that they could not have given any intelligent assent to these tests. Nor would any parent or guardian have either legal or moral right to consent to any test not intended strictly for the relief of the patient. The only justification for them then, was that they were known to be harmless and free from pain or discomfort. As to this, we quote from the experimenters' report:

> Very few of the children complained of discomfort from the reactions, none from the cutaneous. In 14 of the ointment cases there was evidence of itching. In the conjunctival cases, complaint of pain in the eyes was made in six cases; photophobia and recurrence of joint pains in one case of rheumatism, and photophobia in 13 other cases. . . . One patient who reacted positively to the sub-cutaneous test, complained of pain at the site of injection: another with chronic tubercular arthritis, had an access of pain in the joints and severe abdominal pain, while a third patient had enlarged painful and tender inguinal glands with pain at the point of injection.

There is here an apparent contradiction between the first and last statements in this report as to the discomfort inflicted by the various cutaneous tests; but the most serious results from these tuberculin experiments—recorded by the experimenters—followed the conjunctival or eye test. They report 8 cases of "severe reactions" to this test, one of which developed corneal ulcers, and another "a large central corneal ulcer." Concerning this last, the experimenters deposed that *"permanent disturbance of vision is sure to follow from the central scar, even if the associated lesion—which at present is in a very unpromising condition—should eventually clear up."*

The only apology offered for this ghastly business is given in the following statement:

> "Before beginning the application of the conjunctival test, we had no knowledge of any serious results from its use. It is unquestionably much easier of application than the other tests, and it probably yields results a little more quickly; but it has the great disadvantage of producing a decidedly uncomfortable lesion, and it is not infrequently followed by serious inflammations of the eye, which not only produce great physical discomfort and require weeks of active treatment, but *which may permanently affect the vision and even lead to its complete destruction . . .* These results are by no means unique, many similar observations having been made by Webster, Kilpatrick, Schenck, Krause, etc.," these being just a few of a long list of experimenters with human "material."

As further evidence of the experimental and vivisectional character of this medical toying with the tuberculin test in the St. Vincent's Home for orphans and foundlings, the experimenters relate:

> "The cases were *tested in routine by wards,* irrespective of the conditions from which they were suffering, and in the great majority of instances without any knowledge of their physical condition prior to, or at the time the tests were applied. *We purposely deferred the physical examination of these children until after the tests had been applied,* for two reasons: first, in order to be unbiased in our interpretation of the results, and second, in order to make ourselves especially vigilant in searching for tuberculous lesions in those who reacted." (Emphasis mine.)

Could any words make plainer the cold-blooded intent to use these helpless children—sick and well indiscriminately—as experimental material, to gratify professional curiosity or—as the experimenters would put it—to enhance the "scientific value" of the experiments? In the published account of this affair {*Archives of Internal Medicine),* tables are given showing the details of procedure and the results of these tests. From this showing it appears that 82 of the 160 children were subjected to all four methods, *i.e.,* they got a drop of tuberculin in the eye, had the skin scraped and some of the fluid applied that way; were anointed with the tuberculin ointment, and also received a subcutaneous shot. One hundred and thirty-seven children were subjected to three or more tests, and 152—all but eight—got the eye test whose disastrous consequences in some instances have already been told. Of the 160 children tested, according to this report, only 50 were pronounced tuberculous, or had "physical signs suggesting tuberculosis," while in the remaining 110 there were "no clinical evidences of the disease." But though they were free from tuberculosis, according to this expert finding, 52 of these 110 children had outward and visible signs of other ailments—including rachitis, anemia, whooping-cough, enlarged tonsils, arthritic rheumatism, with 12 cases of broncho-pneumonia and three cases of typhoid. Yet not even these poor sick babies were exempt from these torturing experiments. All three of the typhoid cases—including one little tot only two years old ("No. 109") and suffering also from multiple neuritis—were given the eye test, the skin-scraping test, and the ointment test.

It is only fair to the experimenters in this case to say, that when they witnessed the cruel effects of the "conjunctival test," they expressed regret for the mischief caused—pleading lack of prescience in the premises—and went on record as even condemning this particular form of tuberculin-testing. They are quoted as saying:

> We are strongly of the opinion that any diagnostic procedure which will so frequently result in serious lesions of the eye, irrespective of the way in which it produces them, *has no justification in medicine,* especially since there are other diagnostic tests of equal if not superior value, which are applicable to the same

> class of cases, and not attended with the same disturbing results.

And yet despite these commendable sentiments, it is also a matter of record that Drs. Hamill, Carpenter and Cope went back to that St. Vincent's orphanage in Philadelphia for further experimentation upon its unfortunate inmates, but were denied admission this time by the Catholic Sisters in charge, who had apparently been advised of their mistake in admitting them in the first place. Thus indicating that the experimenters had carried out their purpose either by misrepresentation and deceit, or by imposing upon the trustful simplicity of the Sisters and their hapless little charges.

In the *Archives of Pediatrica* for January, 1909, we find "A Report upon One Thousand Tuberculin Tests in Young Children," by L. Emmett Holt, Professor of Diseases of Children in the College of Physicians and Surgeons, Columbia University, New York. The report reads as follows:

> The observations included in the following report were all made at the Babies' Hospital upon ward patients, and nearly all were made within the past year. Few of the children were over three years of age, the majority being under two. . . . In the early part of the year, unless some positive contra-indication existed, some test, most frequently the eye test, *was used as a routine measure, in order to determine whether, and under what circumstances, reactions were obtained in healthy* children, or *in those presumably non-tubercular.* During the latter half of the period the tests have been chiefly used when some grounds for suspecting tuberculosis existed. Routine tests proved of considerable value in revealing cases of tuberculosis not hitherto suspected. (Italics mine.)

Concerning the eye test used in his search for the "causative germ" of tuberculosis in "555 healthy, or at least presumably non-tubercular children," Dr. Holt says:

> With proper precautions I believe the eye test to be quite safe, although an intense or prolonged reaction sometimes occurs which is not pleasant to see, and in pathological conditions, may be followed by disastrous results. . . . I am aware that serious results with the ophthalmic test have occasionally been reported by other observers.

Dr. Holt attributes his own success in avoiding "unpleasant results" to the extreme care given to his patients in this Babies' Hospital, but adds:

> On account of the observation necessary, and the possible dangers connected with the eye-test, it is unwise to employ it indiscriminately as among the outpatients of a hospital.

And yet Dr. Holt used this eye-test, with its possible dangers in 615 cases reported in his article, 555 of which were "probably not tuberculosis," and nine of which were "extremely sick and dying children." Of what possible value could these tests have been to these little sufferers? Or even from the diagnostic viewpoint, as Dr. Holt testifies:

> In no cases were positive reactions obtained in dying children, or those suffering from extreme prostration.

Moreover, Dr. Holt admits in the wind-up of his report, that none of these tests is conclusive; that no one of them is as conclusive as "the demonstration of the tubercle bacillus in the sputum, the cerebro-spinal fluid or elsewhere." And according to Dr. Maurice Fishberg, the presence of the bacillus in any of these is so far from being conclusive, that nine-tenths of the cases in which it is found are not, and will never be tuberculous; whereas it is known to have been missing in cases with every physical and clinical symptom of advanced tuberculosis.

Thus once more is demonstrated in practical operation the voodoo character of microbe-hunting, and the human vivisection involved in it is shown to be as futile and barren as the animal vivisection. In a 65-page booklet entitled *Human Vivisection and the American Medical Association,* Mr. John S. Codman, a well-known Bostonian, has given a detailed account of various kinds of human vivisection known to have been practiced by prominent members of the medical profession, together with the tabulated evidence of the defense of such practices by the American Medical Association.

But for the purposes of this work the two instances of the tuberculin-testing of children by Drs. Holt, Hamill and his associates, will suffice. The outstanding character of these experimenters and their subsequent careers, lend a peculiar piquancy to their efforts.

Further light on the Holt experiments is shed by the following editorial from the *N. Y. Evening Post* of April 17, 1914:

> We print elsewhere a reply to the statement made in the *Evening Post* of last Friday by Dr. L. Emmett Holt in regard to charges made against him in connection with the experimental use of tuberculin upon infants. In an editorial of April 14, we censured the Vivisection Investigation League for what we deemed its recklessness in preferring these charges against a physician of Dr. Holt's standing. Further investigation now convinces us that we did that Society an injustice. It appears in Dr. Holt's own article in the *Archives of Pediatrics* for January 1909, that he did use the tuberculin test with dying children, or "those suffering from extreme prostration"—to use his own words. The majority of the 1,000 cases treated by Dr. Holt, were—by his own admission—"under two years of age." At the same time that these experiments were being conducted—or shortly before—three physicians of standing—as set forth in the *Archives of Medicine* of December 1908—declared that this tuberculin diagnostic procedure "which will so frequently result in serious lesions of the eye, has no justification in medicine." With this we close discussion of this unhappy incident, and leave to the medical profession the

> question whether experiments of this kind upon dying children, shall not in the near future be tabooed.

And as before stated, as set forth in Mr. Codman's brief, neither in the near nor the far future has organized, official medicine uttered a syllable of condemnation or rebuke for these tuberculin experimenters of high degree. Their reports were read before the American Medical Association, and apparently approved—or at least condoned. Dr. Holt continued for more than twenty years to be the preferred "baby specialist" for the affluent and fashionable circles of New York Society; while Dr. Samuel McC. Hamill was reserved for wider, national preferment and distinction.

CHAPTER XI

A White House Interpretation of Child Welfare

One of Mr. Hoover's early acts as Chief Executive was to issue a call (in July 1929) for "A White House Conference on Child Welfare." The statement was given out at that time, that the President had received $500,000 "from private sources" to start the enterprise, but the names of the private donors were withheld. How the further work of the conference was to be financed was left to the public's imagination.

The Conference did not assemble at Washington until Nov. 1930, but in the 16 months of preliminary organization and preparation, enough leaked out to the public to furnish a fairly accurate picture of the personnel of the body and the proposed scope of its activities. The heads of the various drugless schools of healing in the country—of which there are now at least five of recognized standing—viewed with disfavor and some alarm, the solidly medical complexion of the "1200 experts" selected for the 150 working committees of the Conference; and regarded with well-grounded distrust the appointment of Dr. Ray Lyman Wilbur, an ex-president of the American Medical Association, as chairman of the much acclaimed "White House Conference on Child Health and Protection." In the Spring of 1930, a large body of Eastern Osteopaths at their Annual Convention passed a resolution of protest to be sent to President Hoover against permitting his White House Conference to be so completely dominated by Allopathic counsels and Allopathic concepts of "child health and protection." The resolution set forth that the "regulars" held no patent royal on solicitude about the child life of the nation, nor on therapeutic methods for conserving it; and it politely, yet firmly, suggested that Osteopathy had something of value to offer the Conference.

But at the present writing and according to the best advices obtainable, three years after that protest was filed, no Osteopath was invited to sit in on the White House deliberations on child welfare sponsored by Mr. Hoover. A similar fate met the efforts of the National Chiropractic Association which in that same year, 1930, sent its officials to Washington to tell the White House conferees what Chiropractic could do for "child health and protection." After hanging around for some days on the chilly outskirts of the Conference, these Chiropractic ambassadors—their noses blue with White House frost—were about to leave in despair and disgust, when some one whispered into the presidential ear that Chiropractors are rather numerous in the country at present and are extraordinarily well organized. It lacked but two years until another presidential election, and after all Chiropractors *do vote!*

The effect of this was to halt the discouraged and departing Chiros, and usher them into the presence—not of the Chief Executive, but of his privy councillor in all health matters, and the "big boss" of the Conference, Dr. Wilbur. This dignitary suavely greeted the disciples of Dr. Palmer, and courteously informed them that if they had any suggestions to offer touching child health and protection, if they would kindly put them into writing and address the communication to him, he would be glad to submit it to the Conference where he had no doubt it would receive "most careful consideration." With this assurance the Chiropractic emissaries were forced to be content, and forthwith took their leave. And according to the latest advices, the White House conferees on child welfare are still "carefully considering" the Chiropractic recommendations and how they can best prevent their cutting any figure in the work of the conference!

This work as outlined by Chairman Wilbur in the complete Report of the White House Conference, published in 1931, is divided into four sections: (1) Medical Service; (2) Public Health and Administration; (3) Education and Training; and (4) The Handicapped. It will readily be seen from this outline, that Number (1) is the keynote to the whole White House program for child welfare; as was to be expected from the professional character of its principal guiding spirit, Secretary Wilbur, in whose therapeutic creed "health" and "regular medicine" are synonymous terms, naturally. Number (2) being entirely in the hands of regular medicine, is essentially the same as Number (1); and Number (3) is largely controlled and directed by medical policies through the medical domination of public health service. This is entirely true of the "education and training" furnished in our public schools, and to a great though lesser extent, it is true of that supplied in many private schools and colleges.

This leaves only Section 4, listed as "the handicapped" for our consideration, and apropos of this class I would call the reader's attention to certain facts, submitted herewith and in previous chapters, indicating the causal connection between the medical monopolistic control of the first three sections of Dr. Wilbur's child-welfare survey, and the very large increase in the fourth section. "Ten million defective and handicapped children" out of something over 45 millions of growing children in the United States, is part of the report of President Hoover's White House Conference. And here is a pointer on the connection between the handicapped and the medical control, taken from the Conference report of the committee on communicable diseases:

> Nearly 3,000,000 cases of communicable diseases are reported annually in this country. There are, of course, many more which are never reported. . . The permanent disabilities resulting from communicable diseases may handicap the child throughout his entire life. . . . For instance, from 50 to 75 percent of our cripples owe their condition to infantile paralysis and tuberculosis; and blindness, damaged hearts and kidneys, and *increased susceptibility to other injections,* follow in the wake of communicable diseases among children.

"Increased susceptibility to other infections!" Why, we had been told that the basis of the inoculating "immunology" was that one attack protected the subject from subsequent infections! It depends entirely on one's point of view, of course, as to whether we think the "communicable disease," or the "preventive" dope used in the so-called "control" of it, is the cause of the permanent disabilities that are known to follow in its wake; seeing that under the complete medical domination of public health service, very few communicable ailments escape the ministrations of the "immunizing" hypodermic. Blindness and lameness have followed vaccination against smallpox in well-authenticated instances. Out of 27 deaths directly traceable to vaccination, reported in the Loyster survey of New York rural schools in 1914, nearly half were diagnosed as infantile paralysis; and the observation has frequently been made by competent authorities in this country and abroad, that not until the vogue of new "preventive" serums—especially toxin-antitoxin—was inaugurated and established, did epidemics of infantile paralysis appear throughout the world.

Toxin-antitoxin was introduced in the United States first in New York, about 1915, and has been more extensively used there—both in the city and throughout the State—than anywhere else in the Union; and it is a notorious fact that infantile paralysis has been more prevalent and more virulent in that region than in any other part of the country. And along with these disastrous sequelae of antitoxin inoculation, have come reports from authoritative sources of its failure to curb or prevent diphtheria. It is common knowledge that diphtheria, like every other disease, declined after the introduction of sanitation and the wider popular spread of hygienic knowledge; and long before the invention or application of antitoxin. Figures given in a New York City Health Bulletin for February 1924, show a drop in the death-rate from 295 per 100,000 in 1875 to 163 per 100,000 in 1894, the year anti-toxin was introduced in Europe, and about twenty years before the toxin-antitoxin reached America. J. T. Biggs, in his *Sanitation vs. Vaccination,* says that the apparent lowering of the death-rate in diphtheria after antitoxin came in, was effected by the statistical juggling to include every "benign sore throat" as diphtheria. Biggs quotes the hospital reports in various European countries, Sweden, Denmark, France and Germany, to show the futility of the serum treatment; and he cites the official reports of the *Metropolitan Asylums Board of London,* which takes cognizance of the largest number of cases of any health authority in the world, to show its worse than futile effects: "The most striking feature of the reports for 1895-1910, is the higher fatality rate in those inoculated with antitoxin when compared with the untreated cases. The highest death-rate for the injected patients was 28 per cent, and for the untreated ones the highest fatality was 13 per cent."

The first few years after the introduction of antitoxin into the United States showed an increase both in incidence and mortality of diphtheria in a number of cities, after which the figures fluctuated, and only by quoting selected statistics and ignoring others which tell a different story, are public health officials able to make out a case for antitoxin—and there is not perfect agreement even among the health officials. Dr. John F. Hogan, head of the Bureau of Communicable Diseases in the Baltimore Department of Health, was quoted in the *Journal of the A.M.A.* for April 8, 1922, as saying:

> Performing Schick tests and immunizing school children with toxin-antitoxin, is of little value in the control or eradication of diphtheria; nor is it lowering the death-rate.

In the *Journal of the A.M.A.,* Nov. 4, 1922, Dr. Wm. H. Park, head of New York City Laboratories, made the admission:

> On the other hand, we had the growing conviction that, wonderful as were the results of antitoxin, diphtheria could never be conquered by it. . . . Furthermore, vital statistics reveal that diphtheria morbidity and mortality had not decreased during the last five years; for in New York State in 1917, the mortality was 12.8, which in 1921 had increased to 16.8.

The N. Y. State Department of Health also in a 1924 bulletin, said:

> Despite the general use of antitoxin, the MORTALITY from diphtheria during the past decade has not been diminishing to any appreciable extent, as compared with the previous decade.

In the *American Journal of Public Health* for February 1925, the Willard Parker Hospital, the largest of the New York hospitals for children, reported that "the diphtheria mortality among its patients under three years of age had been 33 out of every 100 cases for the years 1919 to 1923 inclusive, and that among all ages the mortality had been 16 out of every hundred." This was a much higher rate of diphtheria mortality than had ever obtained in pre-serumization times, and it goes without saying, that Schick-testing, immunizing, and antitoxin inoculation were routine procedures in the Willard Parker Hospital.

Again in 1927, the *Citizens' Medical Reference Bureau,* which keeps very close tab on medical journals and health-board bulletins, produced figures showing "an increase of more than 40 percent in diphtheria incidence in the first half of 1927 over the corresponding period of 1926 in 101 leading cities of the Union whose combined population was over 30,000,000 persons." In New York City in 1927—where the serum was first introduced, and where children had been more thoroughly saturated with it than any place in the country, the diphtheria cases had more than doubled, and were far in excess of those for the same period of any year for the past six. "Also," said the Citizens' Bureau, "there has been a pronounced increase in the number of fatalities from the disease in New York City."

Moreover, a bulletin from the New York State Health Department in 1924 had declared:

"It must be remembered that even three doses of toxin-antitoxin will fail to immunize in from 5 to 25 percent of cases," an average of 15 percent of admitted failure. In an advertisement carried in *California and Western Medicine* in that same year, the largest manufacturer of vaccines and serums in the East claimed for his diphtheritic serum only that "90 percent of those immunized with it *who could be traced,* had remained free from the disease for six years."

Here was an admitted failure of 10 percent. But according to a U. S. Public Health Report for November, 1924, "the estimated expectancy of diphtheria for the entire population is only 1.30 per 1,000 persons." In other words, *the natural immunity* from diphtheria for *everybody* is greater than that promised or guaranteed by the manufacturers and users of the artificial immunizer. Then why take chances with the artificial immunizing agent, with all its attendant risks of paralysis and even death?

The statistical black-listing of the vaccine-serum therapy is further supported by high medical opinion. Sir Almroth Wright, F.R.C.S., and Director of Therapeutic Immunization at St. Mary's Hospital, London, condemns it in the words: "The whole of this body of beliefs—inoculation—rests, I am convinced, upon a foundation of sand." Dr. Robert Bell said of this practice: "The debasing influence of the virus injections upon the system causes a tendency to the development of cancer from any chance wound or bruise or local inflammation in after years."

This opinion of the eminent cancer expert, uttered some years ago, received fresh and striking confirmation in recent deductions made by the outstanding American authority in the field of bacteriological and immunological research, Dr. W. H. Manwaring, Professor of Bacteriology and Experimental Pathology in Leland-Stanford University, California.

> "Immunization to date" (1929), says Man-waring, "has been based on the Ehrlich theory that the inoculation of disease products in sub-pathogenic doses creates anti-bodies, or defending entities against any subsequent mass invasion. . . . Not only is there no evidence of these 'antibodies' being formed, but there is ground for believing that the injected germ proteins hybridize with the body proteins to form new tribes, half animal and half human, whose characteristics and effects *cannot be predicted. . . .* Even non-toxic, bacterial substances sometimes hybridize with serum albumins *to form specific poisons which continue to multiply, breed and cross-breed ad infinitum, doing untold harm, as its reproductivity may continue while life lasts."* (italics mine.)

Dr. Manwaring says further that "these poisons are sometimes specific to certain parts of the body and not to others"; and that "an animal serum injected into a foreign body can multiply at the expense of the serum of its host. Horse serum injected into rabbits has shown an actual increase of 200 to 400 percent within a few days, and one cubic centimetre of a bacterial product injected into a human body, can by the simple process of multiplication, grow and grow until the person receiving it will have far more serum develop within his body than was originally put there." And if Dr. Manwaring's premise about the cross-breeding of serums within the body be correct, it follows that the character of the new product may be very different from the one originally injected. At any rate, there seems no question about his statement that "the profound changes which go on inside the tissues can never be understood, for these changes are not within the field of experimental physiology"; nor about the corollary deduced therefrom, that "the entire matter is conjectural, comparatively unknown and unknowable—a matter of guess-work and observation of external symptoms."

Concerning the Ehrlich theory of the "anti-bodies," which has been accepted and endorsed by the medical profession, and made the basis of their disease-culture immunology, Manwaring says:

> I believe there is hardly an element of truth in a single one of the basic hypotheses embodied in this theory. My conviction that there was something radically wrong with it arose from a consideration of the almost universal failure of the therapeutic methods based on it. . . . In spite of millions of dollars spent in research, and ten millions spent in commercial exploitation of a hundred theoretically logical, monovalent, polyvalent, prophylactic and curative anti-sera, 95 percent of them were thrown into the clinical discard. The same thing is true of vaccines. . . . And we call this scientific medicine! Twelve years of study with immuno-physiological tests have yielded a mass of experimental evidence directly contrary to, and irreconcilable with, the Ehrlich theory, and have convinced me that his conception of the origin, nature, and physiological role of the specific "antibodies" is erroneous.

Yet despite the high character of these dissenting voices in the medical profession, and the mass of contrary statistical evidence attesting the futile and harmful character of vaccine-serum immunization—practically every health officer in the country is advocating it, and public funds are being squandered by the millions to spread misleading propaganda regarding it. The obedient or credulous press lends itself readily to the designs of the immunizers, even printing scare-head cartoons in some instances to aid an antitoxin drive. In a "Handbook of Information How to Protect Children from Diphtheria," prepared and issued (1929) under the auspices of Dr. Shirley Wynne, Health Commissioner for New York City, the story is told of how 32 editors, representing every important newspaper in Greater New York, organized themselves into an "Editorial Consultation Board" to act in unison with Dr. Wynne's department for the dissemination of health-board propaganda.

The formation of this press-club for the popularizing of medical voodoo practices, was the outcome of a luncheon party given to the metropolitan press at the Harvard Club, January 11, 1929, by Mr. Thomas Lamont whose name is associated in the public mind with the "House of Morgan." In a little speech to his guests Mr. Lamont explained that Commissioner Wynne had besought his co-operation in "a diphtheria-prevention drive" he was launching for the city. Incidentally it was also a drive to sell large quantities of toxin-antitoxin, though this was not played up at the luncheon party.

Dr. Wynne knew—if he was acquainted with the records of his own department—that 93 percent of the decline in diphtheria mortality in New York had come about *before* they ever heard of toxin-antitoxin, but he didn't think it necessary to tell this to the editors, nor of the many fatalities from serum sickness since they started the "prevention."

The usual medical alibi for serum casualties, is that these are negligible compared with the whole number "immunized," and that all who are not killed by the immunization have been "saved from diphtheria"! This trick logic of the inoculators is based on the assumption that prior to the introduction of the serum everybody had come down with diphtheria at some period of their lives. This absurd premise is of course negatived by common experience and even by medical records. According to figures furnished by the U. S. Public Health Bureau in 1924 as to the "estimated expectancy of diphtheria incidence" for the whole community, the natural immunity from diphtheria is five times greater than that *even promised* for the artificial "prevention" by the manufacturers and users of it.

The "editorial consultants" gathered around Mr. Lamont's luncheon board knew nothing of these records and had probably never heard of Dr. Mather Pfeiffenberger and his reassuring address to the Conference of Health Officers at

Springfield in December, 1926, afterwards published in the "Illinois Health News" for January, 1927.

> "I am informed," said Dr. Pfeiffenberger in his speech to the health officers, "that only 15 percent of all children ever get diphtheria even during epidemics, whereas 100 percent are prospects for toxin-antitoxin. The smallpox percentage under modern conditions is even less, but 100 percent are prospects for vaccination. Scarlet fever and measles will soon come in each for its 100 percent, etc., etc.
>
> "So that prevention practiced to the utmost, will not diminish *but create more work for the physician.* The full-time health officer will be educating his community constantly. *There will be more vaccination, more immunising, more consulting and use of the physician. His services would be increased manifold."*

If Dr. Shirley Wynne knew about this illuminating address by the president of the Illinois Medical Society—revealing the economic joker in the immunological woodpile—he could not be expected to drop such a bomb into a harmonious philanthropic gathering called to inaugurate a toxin-antitoxin drive in New York City! And what was true of the trusting gentlemen of the press, was equally true of the list of distinguished New Yorkers whom the suave Health Commissioner had inveigled into forming themselves into a "Diphtheria-Prevention Commission"—to serve the economic needs of vaccine factories and doctors.

In the list of the "Diphtheria-Prevention Commission," we find such outstanding citizens as: Nicholas Murray Butler, Rev. S. Parkes Cadman, Rev. Stephen S. Wise, Frederic A. Juilliard, Governor Lehman, Cardinal Hayes, Bishop Manning, Wm. Church Osborn, Paul M. Warburg, Albert H. Wiggin, Ralph Pulitzer, Mrs. Courtlandt Nicoll, Mrs. Whitelaw Reid and others to the tune of fifty prominent names in the social, financial, political and educational life of New York.

Yet after all, what did any of these enthusiastic "diphtheria-prevention drivers" know about this subject except what they learned from Shirley Wynne and other interested witnesses? How many of them had ever examined the contrary evidence sustaining the darker side of the immunization picture? Their implicit faith in the health-board fictions of course absolves them from guilty complicity in the conspiracy against the child-life of the community. But what of their responsibility to the ignorant, deluded parents of the victims of the disease-breeding and death-dealing hypodermic? Have these no rights in the premises?

Yet with every newspaper in Greater New York whooping it up for the "immunizers"; with 28 radio stations under the control of the medically bossed Public Health Service; with movie-films, theatrical producers and pulpit orators—all joining in the chorus of this medico-political propaganda; I ask you, Mr. Plain Citizen, what chance has the man in the street or his wife in the home to learn about the possible tragic consequences of these disease inoculations upon the life of their child?

And I appeal to thoughtful American citizens everywhere—whether of high or low degree, isn't it about time you looked at this complete medical cloture of the channels of publicity from some other angle than your sentimental confidence in your family doctor? Has the freedom of the press lost its appeal *in re* things medical?

When the newspapers announced in February 1931 that "President Hoover's *group of physicians"* were ready with their "Child Prescription for American parents," they not only disclosed to everybody's view the exclusive medical complexion of the much advertised "White House Conference," but likewise gave color to a charge freely made in anti-vaccination and anti-vivisection circles, that this spectacular child-welfare gesture had been staged in the interest of the vaccine-serum industry. For the keynote to the "Child Prescription" as given out by the Press, was "vaccination, serumization." A news dispatch from Washington some months later carried the headline: "DIPHTHERIA SERUM FIRST BIRTHDAY PRESENT FOR EVERY CHILD."

So! School children have been pretty generally at the mercy of the "immunizers," under the efficient direction of the A. M. A., for some time; but now the long arm of the "White House Conference"—carrying the poison-laden hypodermic—proposes to reach out and gather into its deadly folds the pre-school ages!

One does not need to question the sincerity of ex-President Hoover's faith in the medical voodoo, nor the purity of his motive in wishing to apply it to others, to condemn and denounce in unmeasured terms the use of the White House and the prestige of the great office of the Presidency, as aids to a bald, medico-political scheme to deliver the whole child life of the nation into the hands of the American Medical Association. Mr. Hoover has as much right to his faith in regular medicine as to his faith in orthodox religion—no more, no less; and so long as he restricts the practical application of his faith in medical procedure of any kind to his own person, or to the members of his own household, there could be no criticism from any source. But the White House Child Welfare project, manned exclusively by one school of healing, in a country where there are several others—legalized, established and self-sustaining—is not only a disgraceful exhibition of medical bigotry and intolerance, but a gross imposition on the tax-payers.

Even if the scheme were to be financed throughout by private funds, as it was claimed the initial steps in it were, it would still be open to censure as an unwarranted use of the nation's House and the office of its Chief Executive to boost a private enterprise. But certain recommendations in the Conference Report, namely, "for improved educational facilities for nurses in hospitals, and medical schools for doctors, to prepare them for their tasks; for establishment of facilities for maternity cases in every community; and for improvement of hospital facilities for children"—all to be under medical supervision, of course—make it quite clear that this dramatic White House gesture of concern for "child health and protection" will inaugurate—perhaps on a larger scale—the same old medical looting of the public Treasury for private gain.

Some of the ex-President's apologists seek to soften the blame attaching to him in this matter by saying he doesn't know the harmful effects of these disease inoculations—misnamed "immunization"—and that he was misled by the representations of his chief counselor, Dr. Wilbur. Ignorance touching a matter of such vital importance to the life and well-being of children, is a queer plea to make for the highest official in the Government, who might also be expected to feel some responsibility for the character of his advisers. Ignorance of the disease-breeding character of vaccines and serums is inexcusable in any one, seeing that the records which prove it—medical records at that—are open to all. Had President Hoover looked into the *Journal of the A. M. A.* for March 16, 1929, he would have learned that, out of 1261 physicians who had answered to that date a questionnaire sent out from North Dearborn Street, asking their experience with the "monovalent, polyvalent anti-sera" of "preventive medicine," *only seventeen* endorsed the "Child Prescription" written by his White House Conference, while the other 1244 had either never used them, or had abandoned them after using because of their futility or harmfulness.

Had he kept tab on public health bulletins, as might be expected of a President so extraordinarily concerned about child health and protection, he could have learned of the enormous increase in heart disease among children, as well as infantile paralysis and spinal meningitis since it became the vogue to pump their systems full of the various "anti-sera" of public health service. Even a cursory reading of the newspapers might have taught him something. The N. Y. *Evening World* for June 27, 1929, said in an editorial:

> Last year diphtheria killed 642 children in this city, and brought serious illness to 11,000 others—*with grievous after effects in many cases.* (Italics mine.)

And this in a city where antitoxin and toxin-antitoxin had flowed like the "milk and honey" of the Promised Land since 1918.

Yet there was one incriminating feature of President Hoover's Conference on Child Health and Protection, of which he could not plead ignorance. When it became known—as it did in 1929—that Dr. Samuel McC. Hamill—one of the prime movers in the St. Vincent's Home tuberculin scandal—was to be the head of the Medical Section of the Conference, every Anti-Vivisection Society and every Humane Society in the country sent telegrams and letters of protest to President Hoover, demanding Dr. Hamill's removal and calling attention to his incriminating record in experimenting upon orphan children. After some months during which these humane protests were quietly ignored, a representative of one of these protesting societies called on Dr. H. E. Barnard, the official director of the Conference, to inquire what Mr. Hoover proposed to do about Dr. Hamill.

> "Why any thought of dismissing Dr. Hamill is preposterous, of course," replied the Conference Director. "He is the greatest authority on child health and welfare in the world. He was on that account selected and invited to serve as chairman of the medical section of the Conference. One does not dismiss an invited guest," concluded Dr. Barnard with a smile.

When reminded of the St. Vincent's Home affair, the Director made an impatient gesture and said:

> "Oh well, that was 22 years ago, and what of it? While those experiments were unfortunate in some respects, yet by means of them and others, Dr. Hamill perfected the tuberculin test for children until now it is absolutely safe and 100 percent accurate."

The date of this interview was February 1930. In the late summer and autumn of 1930, the news came over the wire from Lübeck, Germany, of the deaths of 76 infants—and many others permanently injured—caused by the administration of this same Calmette tuberculin test, which the director of Mr. Hoover's child-welfare Conference accredited Dr. Hamill with having brought to such a state of absolute perfection! Three famous German doctors and a woman laboratory assistant were placed on trial for this tragic happening, two of whom went to prison for long terms and one of whom committed suicide. A medical member of the Reichstag, Dr. Julius Moses, published a book on the affair entitled *The Death Dance of Lübeck,* in which occur the expressions: "The experimenting craze has devastated morals and decency. . . . The faith of the community is destroyed. Doctors who are innocent have to suffer with the guilty. . . . Eminent investigators—Greenwood of London and Rosenfeld of Vienna—have proven that Calmette's reports are false." Probably the difference between the German and American ways of dealing with the tuberculin experimenters on children may be attributed to the greater "German thoroughness"!

I have no desire to join the ranks of Mr. Hoover's critics on the score of the depression, the foreign debts, the bonus, the fake Prohibition laws, nor any other count in the long indictment brought against his private and official career. Because I feel that the "White House Conference on Child Health and Protection" places a blot against his name that obscures all others, and puts on him a burden of responsibility almost greater than any human being should be expected to bear.

CHAPTER XII

Medical Jurisprudence Plus Medical Ethics
Only the Experts May Testify

There was a perceptible stir among litigants and spectators in the Justice's Court of the Southern California township as the clerk called the case of "Cravath *vs.* Orme."

Every one in the small town had heard of the death of the Orme baby, following a serum injection administered by Dr. Cravath, the attending physician in the case. This had happened in January, and now in the following May the Orme parents were defendants in a suit brought by the doctor to collect his fee, which they had refused to pay. It was said they based their refusal on their charge that the serum—which had been given against the mother's wishes and over her protest—had caused the baby's death. It was claimed—and later sworn to by both parents—that at the time the serum was injected the baby was convalescent from the primary ailment for which the doctor had been called; that the doctor himself had pronounced her out of danger and on the high-road to recovery; and that he had administered the serum—as he said—*to prevent some possible future attack* of pneumonia, which he said the baby "had very narrowly grazed" in her present illness.

Both parties to the suit had their sympathizers among the spectators in the courtroom that May morning, and the atmosphere was a bit tense as the plaintiff and defendants, with their attorneys, filed into position inside the bar enclosure. I had come to report the trial for one of the newspapers, at the request of the mother, Mrs. Orme, who had brought me her version of the baby's illness and death because of what she had heard of my interest in medical research. She thought I might have some statistics on the dangerous character of serum treatment that would have a bearing on this case. But her attorney, with whom I had talked also before the trial, assured me that the information I possessed would not be admitted as evidence unless uttered by a "regular, reputable physician" from the witness stand.

> "You see," said the Orme attorney, "it must be *viva voce* testimony, so as to admit of cross-examination. On no account would the Court admit the introduction of this material by a lay witness, even though quoting medical authorities.
>
> "Now if *a reputable Allopathic doctor* whose views coincide with these authorities you offer, would go into court and express them—with the statistics in support of them, the court would no doubt take cognizance of them. But no amount of *quoted authority,* offered by you or me, would influence its decision in the slightest—and we would not even be permitted to present it.
>
> "It doesn't seem quite fair," he admitted, "but that is the rule and there is no getting around it. Only medical experts can testify in medical cases," he solemnly affirmed.

And so with this previous line on the situation, I went to the trial, to witness the workings of justice under medical jurisprudence as it obtains in our courts today—a queer survival of an age which approved the "divine right of kings" to rule, and recognized the plenary authority of "established religions."

Empaneling the jury was the first step in the proceedings, and the test question put to each talesman was noteworthy. "Have you any objection to, or prejudice against the medical profession? If you were ill, would you call a regular medical doctor?" were the queries each man and woman selected for the jury was required to answer.

This was, in effect, making faith in *"regular medicine"* a primary qualification for jury service, and I seemed to recall something in the American Constitution which forbids making the acceptance of any creed a condition precedent for the performance of any public duty. For, mind you, the question put to the jurors was *not* "Have you any objection to, or prejudice against this particular medical man now on trial?"—which would have been legitimate and proper enough; but the test question was equivalent to asking: *"Do you accept the canons of regular medical faith and practice?"*

I could but reflect, as I sat there, if this were a Chiropractor or Osteopath on trial, whether the same care would have been exercised to select only his drugless partizans to pass on the case? Yet these and other systems of therapeutics have won both popular and legal recognition in most of the States in the Union; and there doesn't seem to be any better Constitutional ground for governmental discrimination between healing sects than between religious sects.

My ponderings on this subject were interrupted by Dr. Cravath's lawyer who opened the case for the plaintiff by saying the action had been brought to collect one hundred dollars due his client for professional services rendered during the illness of the minor child of the defendant; and that the only question involved was to fix the reasonable value of such services.

Every one however—including the doctor and his attorney—knew that more was at stake than the amount of the fee. That the doctor himself was on trial, and that his professional rating would be materially affected by the throw of the jury verdict. This was reflected in a certain nervousness of voice and manner when Cravath was placed on the witness stand. In response to questions put by his attorney, he testified as to the date of his first visit to the Orme baby, the seriousness of her illness, and the number of his visits. When pressed by the Orme attorney, Dr. Cravath admitted injecting the serum against the mother's wishes, but said it was necessary, and he felt in duty bound to make every possible effort to save the child's life. He likewise *stated under oath* that he gave the serum a day earlier than that fixed by the testimony of the parents—and before there was a turn for the better.

The next witness called for the plaintiff, was Dr. Sears, a baby specialist, called into consultation at the crisis of the Orme baby's illness, which, according to the parents' testimony, was about two hours after the serum injection. Dr. Sears testified as to the baby's condition at the time he saw her when called on the case, and what he understood from Dr. Cravath had previously occurred. For the rest he absolved the plaintiff from all blame in the matter and upheld his handling of the case in every particular—as was to be expected of an ethical doctor.

The testimony of the father and mother of the dead child, when they were called to the stand, was so chopped up with interruptions from the opposing counsel and prohibitions from the trial judge, that I could but wonder why they went through the formality of calling them as witnesses. Their testimony as I read it later in the court transcript of this case, presented an incoherent, unintelligible mass of half-spoken sentences interspersed with "I object your Honor" from the Cravath attorney, and "objection sustained" from "his honor on the bench."

When the father was asked by his attorney how the baby appeared to him early in the morning of the day on which the serum was injected, but before the doctor came and as the father was leaving the house, the doctor's attorney "objected" to the question as one which could only be answered by an "expert." The father was not even permitted to answer that his baby "appeared bright and cheery," or that "her eyes were bright and her voice stronger than it was before." All these were adjudged technical matters concerning which only "expert opinion" could be considered by the court!

Likewise, the mother's testimony that prior to the doctor's visit on that fateful morning—the date of which was in such sharp dispute—her baby had manifested all the symptoms of convalescence, was fretful and exacting, but that at the moment of the doctor's entrance she was sitting up in bed, happily playing with her doll—all this was ruled out as "incompetent, immaterial and irrelevant," because not uttered by an "expert"!

Of the two "expert" witnesses in this case, one—the consultant baby-specialist—gave hear-say evidence only as to what occurred before he was called in, and these were the main points at issue—the time of injecting the serum, the baby's condition at the time of injection, and what happened immediately afterwards. So that it was in effect one doctor's word against that of two intelligent lay witnesses, *not* about such supposedly technical questions as the nature of the baby's malady and the proper treatment therefor; but about *questions of fact,* concerning which—even in law courts, except when a doctor is on trial—lay judgment is conceded to be as good as that of professionals. Yet the judge in this case ruled that the mother was not even competent to depose that her own child, from an upright, playful posture when the serum was injected, had fallen back with a scream and gone into a comatose state from which she could be aroused with great difficulty, and then only for a moment, until she died in convulsions. These were matters to be determined by "expert opinion only"!

Let it be said that the parents in this case were prejudiced witnesses. Will any one contend that the doctor-plaintiff, with both a professional and pecuniary stake, his supporting colleague—driven by the whip of medical ethics, and the medically minded judge and jury—were *unprejudiced?* Moreover, after the evidence was all in and both attorneys had "rested" their arguments, the judge charged the jury in the following words:

> You are instructed, that in considering whether the plaintiff in his diagnosis, care and treatment of the minor child of the defendants, exercised ordinary care and skill, *you may not set up a standard of your own, but must be guided in that regard solely by the testimony of physicians.*
>
> You are instructed that the degree of care and skill and diligence required of physicians and surgeons is that which is ordinarily possessed by the average member of the profession in good standing in similar localities, regard being had to the status of medical science at that time.
>
> You are further instructed that the plaintiff's care, skill and diligence are not to be tested by the result of the treatment, and that the physician does not guarantee or insure his results.

When asked by his attorney if Dr. Cravath's competency would be admitted in the premises, the judge had replied: "I shall instruct the jury that he is an expert. If he has been given a certificate to practice by the State Board, I will say to the jury that he is competent to practice."

For the further enlightenment—or prejudice?—of the jury, this judge remarked: "I cannot understand what difference it makes whether parents make objections to treatment prescribed by attending physicians as to reasonable services rendered."

With these judicial pronouncements and the composition of the court, the jury verdict was a foregone conclusion. The doctor was vindicated and the stricken parents were ordered to pay the fee demanded for his "reasonable services." The verdict in this case appeared to establish the principle that laymen have no rights which a doctor is bound to respect—once they call him on a case of illness; and that he cannot be held to account—no matter what the consequences of over-riding their objections to certain treatments.

It also marks a distinct discrimination in the latitude permitted to lay intelligence—whether as witnesses or jurors—when dealing with *questions of fact* involving the professional conduct of medical men, and those touching all other classes of offenders. The customary charge to jurors in all other actions at law, reads:

> Though you may be ignorant of legal technicalities, you are as competent judges of questions of fact as His Honor on the Bench.

But when a doctor's reputation is at stake, not only the jurors, but witnesses, counsel, and "his honor on the bench," are estopped from putting their own minds to work on the points at issue, and may think and speak only by the medical card. Such a system practically permits doctors to try their own cases, and one naturally wonders why they—or their lay complainants—ever bother with the machinery of the courts at all. Presumably it is only done as part of the medical camouflage necessary to maintain the medical hold on the imagination of the populace.

Under this system of medical jurisprudence, a regular medical man walks into a sick room, or to the operating table, with a virtual guarantee that no matter what blunder—or crime—he may commit, it never can be proven on him, because of the "ethical oath" which compels his colleagues—whose expert testimony alone is admitted in evidence—to gather around his inefficiency or criminal negligence, to protect him from the penal consequences. This is a privilege accorded no other class, while the evils inherent in all special privilege are magnified in this case by the unlimited power exercised by doctors over the sick lives entrusted to them.

The above related incident of the miscarriage of justice in the case of "Cravath *vs.* Orme," is not a fancy sketch. The main points of the trial—the pro-medical test for jurors, the judge's instructions to them, and the ruling out of the evidence of everything except the testimony of physicians—are all matters of record and may be verified by reference to the court files in the Los Angeles Hall of Records. The real names of the parties to the court action—withheld for obvious reasons—will be supplied to any one asking for them. The mother's version of what transpired in her rencontre with the doctor over the serum injection which cost her baby's life, while bearing all the internal evidence of truth, will never be known. The court would not listen to it, and no editor in America would dare print it—at least that is a fair inference after its prompt and unanimous rejection by the several "liberals" to whom I offered it for publication.

All the circumstances in the case of Cravath *vs.* Orme point to the accuracy of the mother's story. The doctor in this case had been on intimate friendly terms with the parents for years. He had officiated at this baby's birth, and he played golf with the father, who was a teacher in the Los Angeles City Schools. There is no reason to think that Dr. Cravath intended harm to the Orme baby in giving her the serum, though it did appear from the mother's account that he was considerably annoyed with her for presuming to question and oppose his professional judgment in the matter. He must show her that doctors know what they are about, and that their authority must not be questioned by ignorant laymen. That this is the usual professional attitude toward the laity, will be borne out by most lay observation, nor is it surprising in a class accustomed to so much deference and subjected to so little opposition as doctors. "No class of men need friction as much as physicians; no class gets less," said William Osier.

Mrs. Orme explained Dr. Cravath's subsequent behavior in bringing suit for his fee, by telling me that sometime after the baby's death she had written an account of the affair to the County Medical Society of which Dr. Cravath was a prominent member, "having heard," she said, "that medical societies have a way of disciplining their members, which is more effective than legal prosecutions." The effect of this was to bring a threatening letter from Dr. Cravath to Mr. Orme, saying if he did not stop his wife's "wild talk," that he would bring suit for his bill and also for libel. Otherwise, the bill might run indefinitely.

> "I sent this letter also to the Medical Society," said Mrs. Orme, "and then Dr. Cravath started proceedings against us immediately. I felt he would not have done this, either through fear of losing his fee, or to revenge himself upon me for writing to his Medical Society, except from a consciousness of guilt and a feverish desire to have his professional standing vindicated by the court."

Mrs. Orme's surmise was no doubt correct on this point, and the outcome of the trial showed very clearly how surely the accused physician may depend on legal vindication under a juridical system which permits "only the experts" to testify. The conduct of the doctor throughout this case, as an example of individual wrong-doing, is not remarkable, and certainly not sufficiently significant and conclusive to be made the basis for indictment of a whole profession. For it is no more remarkable that an individual doctor when driven to extremities, should perjure himself, than a culprit of any other class similarly placed.

The significant, outstanding thing in the case of Cravath *vs.* Orme, is that *it illustrates the workings of a system* under which similar injustices may be daily perpetrated, without check or hindrance from any source, and with the public none the wiser. That it was not a solitary instance of the miscarriage of justice under our system of medical jurisprudence, goes without saying. Many such have come to light, and many more have occurred which never came to light.

> "You would not believe until you had tried it," said the mother of the dead baby, "how impossible it is to get a medical man to testify against another in a court action. I approached about fifty of them with my story, and while some were sympathetic and censured Dr. Cravath, they balked at saying the same thing from the witness-stand. The majority said quite frankly that they could not do it, that it was against medical ethics, and that they would be severely criticised by their medical societies and made to suffer in various ways."

Apropos of the claim put forward by apologists of the system, that though medical offenders may not be amenable to court actions, yet the higher type physicians force them to suffer at the hands of their medical societies, something over a year after the Orme trial, California papers carried a news item about the appointment of Dr. Cravath to the post of Assistant-Surgeon in the United States Public Health Service at Fort Leavenworth, Kansas. Thus they are "disciplined" for their sins against humanity.

But for their sins against the code—well, that is different! Here is a case in point: In 1927, Miss Elsie Prather, a 17-year-old girl of Spokane, Washington, fractured her leg, and became the patient of a local physician named Downs. The fracture did not heal properly under Dr. Downs' ministration, and her relatives, alarmed by the symptoms of blood-poisoning, called in Dr. Wm. W. Robinson of Spokane, who promptly operated and apparently saved the girl's life. Miss Prather then sued the first doctor for malpractice and improper care, and Dr. Robinson—in spite of warnings from his medical society—testified for her. She won a verdict from the jury in damages to the amount of $12,500, but the trial judge set aside the verdict. Miss Prather sued again, and again Dr. Robinson testified for her. This time the jury gave her $19,000.

Then the Washington State Medical Association expelled Dr. Robinson for "unethical conduct," and he in turn filed suit against the Association for $100,000 damages, charging as he did so that: "For years the physicians and surgeons of Spokane have banded together in both the State and County Medical Societies for the purpose of discouraging and preventing all malpractice suits against any physician or surgeon of this city. . . . They agreed not to testify against each other in any malpractice suit, and for years no medical testimony could be obtained against any medical defendant."

This incident caused considerable stir in Spokane, the Spokane Bar Association taking a hand, and openly commending Dr. Robinson for his courageous course, and the story was carried in both the Washington and Oregon papers, but was not conspicuously featured in the press throughout the country. Nor has there been any further report of the outcome of Dr. Robinson's fight with his medical society. The case was exceptional.

And here is still another example of the practical working of the combination of medical jurisprudence plus medical ethics, which fell under my personal observation in the office of a woman lawyer friend of Los Angeles. There walked into her office one day a couple in early middle life, accompanied by a beautiful young girl, probably 16 years of age, who was introduced as their daughter. The story they gave my friend was as follows: Two years prior to this time, their young daughter had developed a very serious sinus trouble which had failed to yield to the treatments given by their family physician through several months. Finally, as the girl was growing steadily worse instead of better, and suffered considerable pain, the family doctor advised an operation as the only known means of getting relief in such cases. Not being a surgeon himself, the family adviser referred the parents to a well-known and reputedly skillful surgeon in Los Angeles. The operation was performed, successfully, as everybody supposed, but strange to say, it did not bring the promised relief. Within a few weeks the girl was evidently in a much worse condition than before the operation, was in constant pain, and lost weight until she was just a pale, pitiful wraith of her former self.

The now thoroughly alarmed parents, seeking help wherever it could be found, were fortunately led to a medical man who seemed to have a thorough understanding of the case. He was frankly mystified, however, when they told him of the recent operation, as he said: "All the symptoms point to the presence of pus in the sinus, and I've never known that condition to develop within such a short time after a frontal incision and drainage of the pus, which is what that operation was supposed to do."

"All we know about it," replied the father, "is, that *that* was what we were told had been done, and that is what I paid for—a good sized fee."

"Well, I can't see anything else to do except to open up that sinus again and clean it out," replied the doctor, who was both physician and surgeon. And permission being given, that was what he did shortly afterwards, when he discovered, to his horror, that the first operator had evidently made a miscalculation with his lancet, cutting deeper than he intended, and becoming frightened, had hastily closed the wound, leaving the pus-filled sinus untouched as he found it, with a jagged, bony edge perilously close to the brain.

All this the second surgeon, who was apparently both capable and honest, explained to the girl's parents after he had repaired the mischief done by his bungling predecessor, and put his patient in a state to recover her health—which she did very soon. And now, what her parents wanted to know of the lawyer, was, whether they had any redress in law for the gross deception practiced on them by the first surgeon in her case, as well as for the needless suffering inflicted on their child—even endangering her life—and for the fraudulent taking of their money?

To all of which my lawyer friend returned a very emphatic affirmative. She told them they had an excellent case for damages against that surgeon, not only on the ground of malpractice of a peculiarly grievous nature, but on the ground of fraud—amounting to plain theft. She felt confident the court would award them almost any amount asked for when they heard the story. The only thing necessary to obtaining such a verdict would be to have the second surgeon—the man who discovered the damage and the fraud—go on the witness stand and testify as to the conditions he found when he examined the child's head.

So these parents departed hopefully to tell their new medical friend what was required for the successful prosecution of their action for damages. To their surprise and consternation, the second surgeon told them he was "very sorry, but that the medical ethical code would not permit a reputable physician to testify against a medical colleague. To do so, would be to destroy public confidence in the medical profession," he said.

So then, according to this, medical practice is a confidence game, dependent for its successful functioning upon hoodwinking the people into a false belief in its efficiency, and on covering up its defects and crimes!

In a book entitled *The Medical Trust Unmasked,* published in New York in 1929, its author, an ex-service man, gives an outline of the medical "Group Insurance Plan" whereby medical practitioners protect themselves from the penal consequences of malpractice. With what appears to be well-authenticated evidence, he claims that the members of 32 State Medical Societies—embracing nearly 70,000 physicians—have entered into secret agreements and contracts with the Insurance Companies and with each other, to defend members against suits brought against them for maiming or killing their patients.

On pages 64-65 of this book, occur these statements:

> Twenty-eight of these thirty-two States grant this defense as part of the regular benefits derived from being a member of the American Medical Association. Membership alone is sufficient to insure the physician that he will be defended by the whole closely banded fraternity, should he ever be sued for malpractice.

And again:

> Out of these 32 State Medical Societies, 21 pay all expenses necessary to defend the accused physician. This includes lawyers' fees, witnesses, costs, appeals, etc.

Still more significant is this paragraph:

> Twenty-four of these medical societies *furnish expert witnesses to testify on behalf of the accused.* Eighteen of these societies pay all expenses incurred by such witnesses, *as well as special remuneration for testifying favorably,* some of it running as high as $50 a day!

In this connection the author cites a confidential report submitted by the Board of Trustees of the American Medical Association to its electoral body at its Dallas Convention in 1926, wherein they were assured that the A. M. A. was "still seeking to eradicate malpractice suits."

> "It cannot be too strongly insisted," reads this report, "that the prevention of claims is the objective sought, and not merely the adjustment of such claims as arise, or the indemnification of physicians against loss."

"What can the American Medical Association do to reduce the number of malpractice suits?" asks a letter sent to the various State societies, and the chief answer gathered from the responses was:

"Make the physicians adhere closer to the principles of ethics"! One suggestion reads:

> Have some provision whereby, if it can be shown that a physician encourages or incites parties to institute suits, it would result in expulsion.

Another ran:

> Impress upon members *their duty to one another.* Bring them in closer contact, and make them realize what some disparaging remark about treatment or operation may mean to another member.

Still another advised:

> Urge group insurance, and encourage medical defense *through medical organization* rather than through commercial organization.

Under such a system, what chance has the sick public?

CHAPTER XIII

Medical Voodoo and the PUBLIC HEALTH

On the floor of the Annual Convention of the American Medical Association held in Los Angeles in the summer of 1911, Dr. W. A. Evans, one-time Health Commissioner for the city of Chicago, gave out the following memorable statement:

> As I see it, the wise thing for the medical profession to do, is to get right into and man every great health movement; man health departments, tuberculosis societies, child and infant welfare societies, housing societies, etc. *The future of the profession depends* on keeping matters so that when the public mind thinks of these things it automatically thinks of physicians, and not of sociologists or sanitary engineers. *The profession cannot afford to have these places occupied by other than medical men.*

This Convention pronouncement by the Chicago Health officer was later published in the *Journal of the A. M. A.,* Sept. 16, 1911, and marks a distinct epoch in the history of official medicine in the United States. Just how wholeheartedly the Evans recommendations were received by his colleagues, and how thoroughly they have been carried out in the 24 years since they were offered at the Los Angeles Convention, is sufficiently attested by a survey of the Public Health Service throughout the country which reveals every branch of it completely manned and dominated by the exponents of "regular medicine."

Practitioners of the newer schools of healing, such as Homeopathy, Osteopathy, Naturopathy, and Chiropractic are entirely excluded from such tax-supported institutions as health-boards, public hospitals, army camps, state prisons, workmen's compensation bureaus, and homes or asylums of every kind where the care of the sick is indicated. Here and there it may happen—as it has occasionally happened—that one of these public hospitals will let down the bars to one or other of the irregular healing "cults"—as a large impressive gesture of "liberalism"—yet on such galling terms of discrimination that the self-respecting cultist is glad to withdraw. A concession very generally made to the Christian Science practitioners—after their "cult" became sufficiently numerous to be reckoned with as a factor in politics—was to admit them as spiritual advisers to any of the medically controlled hospitals, much as priests and chaplains are admitted; but in no sense is the Christian Science practitioner permitted to take charge of a hospital case, dismiss the medical regimen and inaugurate his own therapeutic method.

The expressions in the above cited Evans resolution—that "the future of his profession depended" on getting the whip-hand in Public Health Service, and that "the profession could not afford" to forego the political advantage accruing from such monopoly—will be interpreted by some as a virtual confession on the part of regular medicine that it either realized it had nothing of therapeutic value to offer the sick world, or that it had despaired of winning the sick patronage by fair means and must therefore have recourse to political intrigue.

However it may be interpreted, here we have the recorded evidence of a deliberate plan by organized official medicine, openly declared in convention assembled, to monopolize a great public agency like the Public Health Service—affecting all the people and paid for by all the people—to the utter exclusion of other healing sects legalized under existing laws.

The effect of the adoption and vigorous prosecution of this Evans resolution, has been inevitably greatly to enhance the political power of organized regular medicine—whose official name is the American Medical Association—and to enable the "regulars" to hamper, harass, and where possible to suppress their therapeutic rivals—in other words destroy therapeutic competition. Yet stifling or destroying competition in any given business is precisely what the Sherman Anti-Trust law was designed to prevent, and thus the A. M. A. in carrying out the Evans program has taken on all the offensive features and oppressive overlordism of a swollen commercial "trust," and should be subject to the operation of the Anti-Trust law, but it isn't. For if monopoly is a bad thing when applied to the interchange of material commodities, how much greater menace to life and liberty it is when it restricts the free play of remedial agencies for the relief of human suffering, and the saving of human lives.

Yet in all the political fulminations—in and out of Congress—against the trusts—"great combinations in restraint of trade"—no whisper of criticism is ever heard against the most colossal of all monopolies, the most relentless pursuer of competitors, and the closest of all "close corporations"—the American Medical Association. A partial exception to this is noted in a resolution introduced into Congress in 1928 by Senator Glass of Virginia, for an appropriation to investigate one of the Medical Trust's activities—the tuberculin testing of dairy cattle. The Glass resolution was based on a personal rencontre with the State veterinaries on his own premises by the Virginia Senator, who when not occupied with affairs of State at Washington, amuses himself with a dairy farm of thorough-breds near Lynchburg, Va.

The resolution, with the report of the incident on the Glass farm which led up to it, was presented to the Congress in April 1928, and was ordered to be printed as "Senate Document No. 85." It comprised an amazing story of official injustice, arrogance and insolence on the part of the Virginia Livestock Sanitary Board in connection with the tuberculin testing of two thoroughbred heifers in Senator Glass's herd, that reads more like a chapter from Russian annals under the old Czar, than anything that could possibly happen under a supposedly free government.

The Virginia senator's long legal battle with the medical autocrats on the State Board—extending over six years at a cost of $12,000 and resulting in a complete triumph for the owner of the mistreated heifers—is given in detail in "Senate Document No. 85." Other dairy-farmers and live-stock owners had suffered similar outrages in the past, and pocketed their losses in silence. Senator Glass was the first one with enough means and enough pluck to challenge the authority of the State veterinaries and put up a fight against the wanton destruction of dairy herds at the behest of state-sponsored medicine. His course was amply vindicated in Virginia, for he not only won his court battle against the State Livestock Board, but the Virginia Legislature upon petition of other exasperated dairy men and livestock complainants, abolished this board and transferred its functions to the State Board of Agriculture. The offending State veterinarian whose obstinate, arbitrary conduct had caused all the trouble, was summarily dismissed and a new one appointed.

During the prosecution of the Glass case through the Virginia courts, there was brought into evidence and written into the file record the findings of an Illinois Legislative Committee, appointed in 1909 at the request of dissatisfied Illinois dairymen to investigate the whole subject of tuberculin testing, its scientific aspects and practical fruits, and report to the Legislature. This Committee, composed of four members of the upper house and six of the lower house of the Illinois Legislature, whose chairman was Judge E. D. Shurtleff of Chicago, extended its inquiry over a period of two years, during which time testimony was submitted by every class supposed to know anything about the milk industry—physicians, veterinarians, pathologists, bacteriologists, dairymen and health officials. Among the witnesses examined were such outstanding authorities as Dr. Austin Peters, head of the State Animal Bureau of Massachusetts; Dr. George Adami of Cambridge, England, and Montreal, Canada; Dr. James Law of Cornell University; Dr. Theobald Smith of Boston; Dr. Lawrence Flick of Philadelphia; Dr. Henry G. Piffard of New York City; Dr. Bernard Bang of Copenhagen, and Dr. James E. Egan, secretary of the Illinois State Board of Health. And it was the unanimous verdict of these expert witnesses that "the tuberculin testing of all dairy cows and the elimination of reactors is *unnecessary, useless and wasteful";* and that "a proper and sufficient *physical and clinical examination,* and *the elimination of those cows visibly affected in the udder or mammary glands, was quite enough."*

When this was reported to the Illinois Legislature, it resulted in the enactment of a law overwhelmingly approved by the Legislature in 1911—(Chapt. 8, Sec. 105 Ill. Statutes)—which reads as follows:

> An Act to prohibit the establishing and enforcing of the Tuberculin Test for Dairy Animals, by any city, village, incorporated town, county or other Corporate Authority in the State of Illinois.

This Illinois legislative investigation into the nature and operation of the Tuberculin Test for dairy animals, was the first, last, and only official inquiry into the matter ever ordered or undertaken in this country; and its ultimate effect—in the resultant prohibitory law—should have been of lasting benefit to the dairy industry, in protecting it from the assaults of medical voodooism operating through the police power of the State. Yet such was, and is, the tremendous political power of organized regular medicine in the United States, that the thorough, scientific work of this Illinois Legislative Committee—in 1909-1911—was completely nullified, and the benefits accruing from it to the dairy industry, not only in Illinois but in all the States, completely lost.

The first manifestation of this medico-political power in this instance, was the disappearance of the 11,000 copies of the Shurtleff Report which had caused the passage of the Act forbidding the tuberculin requirement. These valuable reports, containing the expert testimony of all the great veterinarians in the country, and published at considerable expense to the State, suddenly vanished from public view. No single copy could be found in any public library, nor among the files of State Law or Agricultural Colleges, until finally the American Medical Liberty League in Chicago was able to obtain a copy from a member of the original Shurtleff Investigating Committee, and published a number of reprints of this important official document in 1925.

Meantime the Illinois law prohibiting the compulsory test, had become virtually a dead letter, through the ceaseless agitation and bullying tactics of the medico-politico-bund, and in 1930, nearly twenty years after its passage, the law was repealed. The report of the Illinois Investigating Committee on which the law was based, however, still serves a useful purpose in educating the people as to the truth about tuberculin-testing, and it was useful to Senator Glass in his fight with the Public Health bureaucrats in Virginia. Since he incorporated its most salient features—and the expert testimony of the big medical authorities therein quoted—into his "Senate Document No. 85," which he later submitted to the Federal Congress, one can but wonder why this information failed to impress the solons at Washington as it had the civil authorities—the judges and legislators—of Virginia? Not only was the full history of the Carter Glass episode *in re* tuberculin-testing laid before his colleagues in the Senate—together with the complete vindication of his side of the contention by the Virginia courts and Legislature—but other data was deduced showing the graft and terrorism practiced by "the system" of state-sponsored medicine. An incident was cited in connection with the trial, of a professor of veterinary science in one of our largest universities, who was retained by Mr. Glass to act as expert adviser to his attorneys.

This professor had definitely expressed his opinion that "there have been many errors in making the intradermal test of cattle for tuberculosis," and had definitely cited instances in which "numerous valuable, pure-bred cattle had been condemned under this test when a stay in action was obtained and the retest made clear that the first test was inefficient." He had explicitly told Mr. Glass and his attorneys that "the records of New York State, where he resided, showed numbers of instances wherein reacting animals were retested and found without blemish, and their restoration to accredited herds even after they had been branded as reactors." "But," he added significantly, "*I would like to see you or anybody else get access to those files.*" And the Glass attorneys realized the truth of this later when their efforts to see those files were stoutly resisted. This professor of veterinary science had definitely agreed to repeat his statements and opinion that "the tuberculin test was largely wrong, unreliable, and should be radically revised," in a sworn deposition for the Glass case and to prepare hypothetical questions for the opposition witnesses. A day or two before the time appointed to take his deposition, however, this eminent scientist in one of our famous universities, although paid a part of the fee charged for his professional services, evinced a reluctance to proceed. He said he had been *"warned to have nothing to do with this case."* He did not modify his previously expressed opinions in the slightest. There was no change in his professional attitude, but he showed plainly that he was frightened, and he advised an adjustment of the case out of court. When told by Mr. Glass's attorneys that the only adjustment out of court they would consent to would be a retest of the two condemned heifers, he expressed confidence in his ability to bring this about, and to have the retest made by two impartial veterinarians of acknowledged skill—one to be appointed by Dr. Mohler of the

U. S. Bureau of Animal Industry, and the other by Dr. Munn, State Veterinarian of Penna.

He was told that while Mr. Glass had no compromise to propose, he would cheerfully agree to, and abide by, such a retest. The efforts of this distinguished veterinarian to bring about his proposed adjustment proved futile, however, to his manifest chagrin and disgust; whereupon he begged to be let off from testifying in the case, while reiterating his previously expressed opinions. Finally one of the Glass counsel put the issue up squarely to the professor of veterinary science:

> I gather, Doctor, from what you say, that you differentiate scientific truth from the professional attitude of veterinarians, and from the system officially adopted to eradicate tuberculosis.
>
> In other words, while it is your professional judgment and the consensus of opinion among veterinarians, that the tuberculin test is often ineffective and mistakes are frequently made altogether out of accord with actual scientific knowledge, nevertheless, these veterinarians and officials have resolved, as a matter of propaganda, and as an essential protection of the system itself, and to make its operation less troublesome, to insist upon the processes which now prevail.

And to this exact and startling summing-up of the situation *in re* the tuberculin test, the veterinary scientist returned the equally startling answer: *"You have exactly stated the case. That is right."* Then he was asked:

> And yet, Doctor, notwithstanding your opinion just given, you are unwilling to go on the stand and so testify under oath?

When with equal frankness the expert veterinarian replied:

> Yes, I am. Should I go on the stand and tell the truth under oath, my usefulness as a veterinary scientist would be destroyed.

At this point Mr. Glass took a hand in catechising the expert:

> I infer, Doctor, you find yourself in the same position as my local veterinarian, who frankly told me he did not believe my two heifers were in the least infected, but that he could not retest them because if he did, the State Veterinarian would destroy his livelihood—and he had a wife and children to support.

To this the professor readily assented, and confessed to being in the same humiliating position as the local veterinary on Mr. Glass's farm, with respect to the official over-lords of the Public Health Service. He said he had 30 years longer to live, in the natural order, and that if he should testify to the truth of his professional knowledge, "these people would make it hard for him." He was excused from testifying, and the Glass attorneys notified the opposing counsel that *this man's deposition would not be taken because he had said he was* *unwilling under oath to testify to the truth, for fear of being professionally ruined by the veterinary officials of State-Sponsored Medicine!*

All of which is a matter of record in the Virginia court files, and all of which was laid before the Congress of the United States in 1928 along with every other incident of the court battle centering around the "tale of two heifers" on Senator Glass's Montview farm. In what it tells of official corruption and terrorism in a branch of the Public Health Service affecting the lives and property rights of millions of American citizens, we naturally suppose it would have engaged the immediate attention of our national lawmakers; and that the recital would have led to a prompt adoption of Senator Glass's motion for a Federal investigation of the practice of tuberculin-testing for dairy cattle.

In addition to the important material submitted by Senator Glass, the Congress had before it the minutes of a hearing before the House Committee on the District of Columbia Affairs in 1922, when Dr. W. C. Fowler, Health Officer for the District, was urging the passage of a bill—prepared by himself—for the exclusion from the District of all milk from herds that had not been tuberculin-tested. The facts elicited at this hearing, were enough to discredit that test—alone, without the cumulative evidence of the Glass Report. Fowler, after the manner of his kind, was attempting to claim the drop in the death-rate from tuberculosis in the District from 294 per 100,000 in 1900, to 112 per 100,000 population in 1920, was largely due to the tuberculin testing of dairy cows. Two members of the Committee who happened to have the figures, called the Health Officer's bluff in this by reminding him that the reduction of the TB death-rate had been just as great in cities which did not have the tuberculin test—notably New York and Chicago.

A fact which should have further discounted Fowler's claim—and which may have been unknown to him or to the Committee—was that tuberculin testing of dairy herds was not inaugurated in the United States until 1917, did not get well under way until 1918, and could not have had any appreciable effect on the decline of tuberculosis by 1920. When Dr. Fowler was asked by a member of the Congressional Committee the direct question:

> Do you know of any instance where bovine tuberculosis was communicated to a human being? Is there a case on record anywhere in the world, to show that tuberculosis has been communicated to a human being through the medium of milk?

the discomfited Health Officer, who had so confidently attributed the decline of tuberculosis in the District of Columbia to the condition of the milk, was forced to make answer:

> "I will ask Dr. Schroeder to answer that. Dr. Schroeder is better posted on that than I am."

> "Do you personally know of a single instance?" mercilessly pursued the Congressional interrogator.

And again Dr. Fowler was forced to answer:

> "Personally, I cannot cite one instance, but I will leave that to Dr. Schroeder to answer."

But Dr. Schroeder, for 25 years Superintendent of the Experiment Station of the U. S. Bureau of Animal Industry, when called to testify before the District Committee, proved a very bad witness for the tuberculin testers. Asked if bovine tuberculosis could be transmitted to a human being, Doctor Schroeder would go no further than to say that "it might be done"; but stated as his firm conviction that *"infection could not be communicated except through a diseased udder."* In his own words to the Committee:

> I have drawn milk, and had milk drawn from tubercular cows over and over again under aseptic precautions, in order to ascertain whether tubercle bacilli would be present in it in the absence of udder tuberculosis, and I have never in a single instance succeeded in getting tubercle bacilli from milk of that kind. So that in my own writings I have stated that I do not believe tubercle bacilli are expelled from the body of a tubercular cow *through an uninfected udder.*

And it goes without saying that if the milk is never infected, nor capable of communicating infection, *except when the udder of the animal is visibly diseased,* no tuberculin test is needed to ascertain that! Now when to this mass of expert testimony as to the unreliability and futility of the tuberculin test in discovering tuberculosis in animals, there is added the fact—attested by Theobald Smith of Boston, and by Robert Koch of Berlin, the reputed discoverer of the tubercle bacillus and the inventor of tuberculin—that tuberculosis in animals is a wholly different malady from tuberculosis in humans, and actuated by a different "bug," the fraudulent absurdity of the whole tuberculin-testing business is laid bare to any unprejudiced mind. Further proof of its fraudulent character is afforded in the fact that the condemned "reactors" to the test are sold to meat packers, and their flesh—*tubercular, according to the test*—is passed on as "prime beef" for the market by Government inspectors!

All dairy farmers cannot follow their condemned cows to the slaughter pens, but some of them have done so, and their testimony has been given and approved by competent tribunals, and much testimony of this kind was adduced in the Illinois investigation and included in the Shurtleff Report. There was incorporated in its findings also, the testimony of the best veterinary authorities to the effect that "there are seven different causes for apparent reactions in dairy cows under the tuberculin test," yet the average ignorant or indifferent inspector who does the testing insists upon ascribing the reaction to tuberculosis alone.

In his brochure addressed to Congress, Senator Glass said:

> We hear a great deal about "the terrific ravages of bovine tuberculosis," but there are nowhere discoverable any data or statistical information in proof of such talk. I have made it a point to ask scores of stock-breeders and dairymen if they had ever lost by natural death a cow definitely ascertained to have died of tuberculosis; and I have yet to find a single breeder or dairyman to admit any such loss. The U. S. Bureau of Animal Industry, while it has no statistics on the subject, yet puts out the general statement that "dairy cows rarely die of tuberculosis. They will depreciate and go down in their production, but very seldom die from tuberculosis."

Continuing his testimony on this point, Mr. Glass said:

> In the absence of credible data or statistics of any kind as to the extent of such losses—deaths from tuberculosis in cows—at most it must be inconsequential, and mere guesswork. But the extent of slaughter under the tuberculin test, and the consequent pecuniary loss to farmers, are not guesswork. *The record shows that nearly 1,500,000 animals have been slaughtered in the past 10 years under the system of tuberculin testing. Conservatively, this means a loss to the stock-breeders and dairymen of the country of nearly $150,000,000. The incidental cost of this terrific slaughter in the same period to State and Federal governments has been $119,551,888, a total cost to cattle owners and governments of $269,551,888.*

Figures showing the steady increase in this costly business of slaughtering dairy cattle merely on the *ipse dixit* of a controverted medical theory, were submitted by Senator Glass:

> Operating expenses have progressively increased from $75,000 in 1918 to $1,107,480 for 1929. Federal indemnity increased progressively from $1,000,000 in 1920 to $4,621,130 for 1929, and State indemnity increased from $2,000,000 in 1919 to $14,000,000 for 1929.
>
> "And yet," said the Virginia Senator, "in the face of these tremendous expenditures of money, upon the theory of protecting animal and human life, and this slaughter of nearly 1,500,000 animals upon the supposition that they were infected with bovine tuberculosis, the legislative bodies making these appropriations of the taxpayers' money, seem never to have paused long enough to inquire whether the theory upon which the expenditures are made is sound, or whether the expenditures have been judiciously made, or whether the tuberculin test in practical operation results in the destruction of inconceivably more dairy cows than would die a natural death, or whether it would not be better to return to the practice recommended to the Illinois Legislative Committee by the leading veterinary scientists of the country, that 'a proper and sufficient physical and clinical examination of dairy cows and the elimination of those obviously affected in the mammary glands or udder, was quite sufficient' to insure healthy cows and pure milk."

And then having laid before his colleagues all these proofs of the dishonesty and futility of the tuberculin test, together with the enormous property losses entailed by it, Senator Glass entered his motion that the Congress of the United States which had been appropriating tens of millions of dollars to conduct these tests and to slaughter the property of American farmers, "should appropriate a few thousand dollars to appoint a commission of courageous scientists in conjunction with legislators of practical sense, to investigate the whole problem and methods of tuberculin-testing." As a tip to his fellow dairymen he says:

> This Congress would do, if the American stock-breeders and dairymen would cease being terrorized by the professional "system" which largely profits by the prevailing processes. One has only to read the necessarily hurried hearings held by Congressional Committees which pass upon these appropriations, to note that the chief witnesses for the system may be catalogued as the beneficiaries of the "operating expenses."
>
> Legislators, in misplaced confidence, accept in good faith the unsubstantiated statements of persons who are supposed to know everything, but who in reality know little, if anything, about the problem. For these reasons the stock-breeding and dairying business of the country has been wickedly harassed for years—instead of helped—and the costly restrictions are becoming more and more insufferable each year.

And Senator Glass concluded his presentment of the tuberculin abuse, by exhorting his associates in the stock-breeding and dairy business to "organize a real fight for the reformation of the system," and to secure respect for their property rights. But apparently Senator Glass's Congressional colleagues were more afraid of "the system"—than of the scattered, disorganized hosts of stock-breeders and dairymen whose ability to strike back at them was not so much in evidence.

For the final outcome of the Virginia Senator's efforts to have the Federal Congress take action on his report by ordering a thorough investigation of the tuberculin evil in the cattle industry, was to have his resolution killed in committee, and even his printed report—with all its valuable tabulated evidence—has been allowed to lapse into the "out-of-print" category. The war between individual dairymen and stockbreeders—organized into "dairy farmers' protective associations" in a few States—on the one hand, and the medically directed State veterinarians on the other, is still going on in certain localities; while in others, through the ignorance, sloth, or political collusion with the medico-politico-bund on the part of the live-stock men, this dangerous and disease-breeding tuberculin test is accepted without protest.

Another famous court trial hingeing on the tuberculin test was tried out in the State of Iowa (Mitchell County) in 1926-1929. A petition was filed in the District Court, October term of 1926, by a dairy farmer, M. J. Loftus, against M. G. Thornburg, State veterinarian, asking for a temporary injunction to restrain the latter from subjecting the plaintiff's cattle to the tuberculin test, asking also that on trial and hearing the injunction be made permanent. The case came to trial in June 1928, and on the 31st day of May 1929, Judge M. H. Kepler, the trial judge in the case, after hearing and reviewing all the evidence, pro and con, and the arguments of counsel for both parties to the contention, found in favor of the plaintiff, and declared the application of the tuberculin test unconstitutional in principle and unjustified in practice.

And here are some of the notable findings in this case which influenced this Iowa judge to render this decision:

> The court finds from the evidence in this case that many cattle passed by the tuberculin tester as clean and free from tuberculosis, afterwards when slaughtered and inspected, are condemned as tuberculous and adjudged by the inspectors at the packing plants to be so diseased as to be unfit for food and fit only for the tank. . . . Again the court finds from the evidence, that some cattle which were claimed to react to the test, and therefore adjudged tubercular, were found after being slaughtered to be entirely free from disease, and that this was established by microscopic examination.
>
> The court finds from the evidence introduced, that from 90 to 95 percent of the cattle condemned as "reactors," are from outward appearance among the healthiest and most vigorous ones in the herd; and that on slaughter, from 90 to 92 percent of the cattle reacting are by the inspectors pronounced generally healthy *and their flesh is used for food.*

Upon the foregoing, the Iowa Court appears to have based its judgment that the tuberculin test was unreliable and useless; and upon the further finding that "the payment to the owners for cattle slaughtered as reactors is less than the appraised value of such cattle," rested its decision that the practice was a violation of the Constitutional guarantee to citizens that they shall not be deprived of property rights without sufficient cause and "without due process of law."

Summing up the evidence on these points, the Iowa decree reads:

> Based on the evidence in this case, the Court finds that the tuberculin test as used as a diagnostic agent to determine whether or not bovine animals have tuberculosis, is *not* a reliable, efficient or economic test; and does not accurately point out the presence or absence of tuberculosis in the cattle tested; but that it is inaccurate, uncertain, and does not as applied in Mitchell County and in Iowa, protect human or bovine health, and does not conserve or protect the property of cattle owners. . . . As to losses and damage caused by the tuberculin test other than the slaughter of the animals tested, the Court finds from depositions taken in Ohio, Wisconsin and Pennsylvania, and from the testimony of witnesses sworn and examined before the Court, that the owners of herds are damaged in their property rights by this test, in that it—in many instances—causes cows which do not react, to abort and lose their calves; to become sterile, to give offensive and

> stringy milk unfit for food; to dry up and fail to give milk and to lose the use of portions of the udder. . . . In some instances cows so tested gave milk which caused severe sickness in children and sickness in calves. . . . In some instances the test caused cows which failed to react to produce weak and abnormal calves, to give a diminished milk supply and in other ways affected the health of the cows and their property value. . . . One who is not prejudiced, and who is unaffected by a decision in this case, cannot read the testimony of witnesses and the depositions taken without reaching the conclusion that in many instances abortion in cows is caused by the tuberculin test.

And thus on every count, the Iowa judge in this case ruled against the tuberculin-testers, and granted the plaintiff's petition for a permanent restraining order, at the same time ordering the defendants to defray the cost of the court action. The verdict in this case put new life into the recalcitrants against the test, and since its publication there have been various conflicts between the dairymen and the cattle inspectors, accompanied in some instances with gun-play. In this same year, 1929, counsel for the Ohio Farmers' Protective Association gathered and put into pamphlet form some official figures regarding the milk industry of the country which shed additional light on the puzzle picture of the tuberculin test. First he deduced figures taken from the Year Book of the U. S. Department of Commerce, Volume 1, 1928, which showed an increase in the number of cattle—taking the dairy and other cattle together—in the United States in the ten-year period from 1910 to 1920 of more than 9,000,000 head, practically a million head increase a year.

From 1920 to 1928—during which period the tuberculin-testers got in some of their finest work—there was a yearly drop in the number of cattle until the figure given in 1928 showed a decrease of more than 13 million head for the period of eight years. The significance of this falling off in cattle production under the tuberculin regimen, in sharp contrast with its increase in the decade preceding the inauguration of tuberculin-testing, must be apparent to all save the willfully blind. At a hearing before the House Appropriations Committee in the first session of the 70th Congress, 1929, Dr. Mohler, chief of the Bureau of Animal Industry, asking that an appropriation for tuberculin-testing be included in the Agricultural Bill, inadvertently bore witness to the destructive effects of the test upon the cattle industry. On page 128 of the Hearing, we find Dr. Mohler's testimony:

> "In 1925," said Dr. Mohler, "we had 11,000,000 cattle under supervision (meaning under the tuberculin test). At that time there were 66,000,-000 head of cattle in the country. In 1926 we had 15,000,000 cattle under supervision. At that time the cattle population had decreased to 60,000,000. In 1927 we tested and had under supervision 18,975,000, or practically 19,000,000 cattle, when the number of cattle in the country had declined to 58,000,000."

Here we have the recorded admission from this high authority, that under tuberculin-testing there was a drop of 8 million head of cattle in two years! Although the dairy industry is perhaps the most outstanding example of the destructive effects of medical voodooism in the business world, it is by no means the only one.

CHAPTER XIV

Medical Voodoo and the Business World

No special argument is needed to show a business man that disease epidemics are a great detriment to local trade. That goes without saying. But so long as these periodic visitations of communal illness are regarded as "acts of God"; or so long as the public can be inveigled into believing that the "preventive" hocus-pocus of the medical man has any part in abating or warding them off, the business world is disposed to accept these epidemic plagues philosophically and pocket its losses in silence.

Since the beginning of complete control of the public health service by medical theories—following the adoption of the Evans Resolution in 1911—however, there have been authentic instances of faked or manufactured epidemics by medical health officials that somewhat disturbed this complacent attitude of the business world. The first of the made-to-order epidemics to be given nation-wide publicity, was pulled off in New York City in 1920 by Royal S. Copeland, at that time Health Commissioner for the City of New York and later United States Senator from N. Y. State. His representations to the City Board of Estimate and Apportionment that the country was threatened with epidemics of smallpox, cholera, black-plague and what not, induced that body to turn over to him $200,000 as an extra "emergency" fund—over and above the regular Health Department appropriation—with which to combat the "imminent" plagues which according to Health Department records did not exist outside the Health Commissioner's imagination.

Having obtained the emergency fund—on this trumped-up charge—Dr. Copeland next applied to the Municipal Civil Service Commission to waive the Civil Service requirement for a competitive examination for employees of the Health Department, to enable him to employ at will extra help for "stamping out" his alleged epidemic. He claimed that the "emergency" was so acute that he couldn't wait for the usual Civil Service certification of his helpers. It is recorded that the Civil Service Commission of N. Y. City proved as compliant to the Health Commissioner's wishes in this respect as the Board of Estimate and Apportionment had been in granting extra funds. And thus Commissioner

Copeland was permitted to employ and carry on the public payroll 169 persons uncertified of Civil Service for a whole year, and at the end of that time, upon his assurances that "the emergency" in the public health still continued, the Board of Estimate duplicated the funds and the Civil Service Commission continued its authorization of the irregular employment of the "169 uncertified persons."

Then the Citizens' Union and the Civil Service Reform Association of New York City came into the picture when Mrs. Ellen Shaw Barlow, a vice-president of the Civil Service Reform Ass'n brought suit to restrain the City Comptroller from paying the salaries of these 169 employees of the Health Commissioner, listed by him as "special experts," but characterized by Mrs. Barlow's attorney, Eliot Kaplan, as "political heelers in the various Assembly Districts throughout the city," to serve the political fortunes of the future Democratic Senator from New York. At any rate the manner of appointment of these "emergency" public health employees was illegal, and on this ground the restraining order was sought. The court decided in favor of the Civil Service petitioners and against the Health Commissioner, who thereupon appealed the case to the Appellate Division of the New York Supreme Court, which in March 1925, after the customary law's delay, sent down a unanimous decision confirming the verdict of the lower court that the employment by the Health Department of 169 persons without selection from Civil Service lists "was without warrant of fact or authority either under the Civil Service Law or the rules of the Municipal Civil Service Commission."

But this decision was not rendered until Health Commissioner Copeland, who had instigated the whole emergency frame-up which ultimately cost the City of New York over $800,000, was safely seated on the Democratic side of the United States Senate. The money had been spent, the irregularly appointed "special experts," seeing no epidemic to subdue and inspired by a laudable desire to earn their salaries, had no doubt contributed their share to the consummation of their chiefs political ambitions; and the adverse court decree could do no more than brand the whole proceeding as grossly "irregular and in contravention of law." For confirmation of the main points in this narrative, see the decision rendered by the Appellate Division of the Supreme Court of New York in the case of "Ellen Shaw Barlow, Vice-President of the Civil Service Reform Association, *vs.* Charles L. Craig, City Comptroller and others."

Another example of the power of medical officialdom under "the system" to manufacture epidemic scares at will, was furnished in Kansas City, Missouri, in the Fall of 1921, when it appears the Jackson County Medical Society, at a time when business was very dull in doctors' offices, met and created a smallpox epidemic by "resolution"! The facts in regard to it were brought to light by the "Advertisers' Protective Bureau" of that city, a quasi-public institution whose declared purpose is "to protect the public from fraudulent and misleading advertising."

From a circular issued by the Protective Bureau after the affair had blown over, we glean the following excerpts:

> While the medical interests of Kansas City were busily endeavoring to cope with the sudden big demand for vaccination and preventive treatment; and while the public generally was hovering between fear and terror as to the extent of the scourge; the business interests of Kansas City were struck a blight as serious as it was sudden.

The circular declares that prior to the meeting of the Jackson County Medical Society and the passage of its "recommendation" to the Hospital and Health Board early in November,

> the health of the city had been unusually good. According to Health Department records, during February, March and April, there was an average of 115 cases of smallpox per month, but no epidemic was declared. Very few cases were reported for the summer months—in July only five. 213 cases were reported for November, *but not in the beginning of November when the scare was started.* After the epidemic was declared a number of cases which in the absence of the scare would have been classified as something else, went to swell the smallpox total.
>
> "But even if there were 213 genuine cases for the whole of November," the report continues, "that was nothing unusual for a city of this size, and fewer than the number of cases reported in other localities where no epidemics were declared."

Then follows the Advertisers' report of the Jackson Medical Society's "recommendations" which brought about the epidemic, and are very interesting as illustrating the different types of technique employed by the creators of called-to-order epidemics:

> Motion made and seconded, that a recommendation be made by this Committee to the Board of Health, *that an epidemic of smallpox be declared to exist in the city at the present time.* Moved and seconded that all employers and employees of all industries, department stores, public buildings, hospitals, theatres, moving-picture shows, hotels and rooming houses, be *vaccinated at once,* or show to the satisfaction of the Board of Health that they have had a successful vaccination.
>
> Moved and seconded that all employees of restaurants and cafeterias, and all persons handling food products of any kind, and all vendors of any articles serving the public, *be vaccinated at once unless they can show a successful vaccination scar.*
>
> Moved and seconded, that a day be set aside, to be termed VACCINATION DAY, on which physicians will be stationed at every public school, public building, hospital, clinic and dispensary of the city, to vaccinate free of charge every one applying—child or adult. It is further recommended, that the above motion be given wide publicity, that placards be placed in all public places, drug stores, street cars, etc. stating that

> quarantine is not a preventive of smallpox, but that vaccination is, and urging the absolute necessity of vaccination for every one.

From all which it appears that the Jackson County Medical Society didn't slight anybody in its recommendations for the vaccination orgy of Kansas City in 1921, and if any recalcitrant citizens escaped at that time, they must have felt as lonesome as the "few righteous persons" who fled from the destruction of Sodom and Gomorrah.

> The Advertisers' Protective Bureau continues its report as follows:
>
> The facts seem to be that just before the epidemic was declared, health conditions were exceptionally favorable. Hospitals were running at less than 50 percent their usual attendance. Health Department records showed a small list of contagious diseases, and the Health Commissioner, Dr. E. H. Bullock, had felt it an opportune time to be away on his vacation. We learned also that medical practitioners had fewer cases and were not overrun with calls.
>
> The sudden calling of the epidemic with the accompanying ballyhoo, changed all this. Every medical man in the city had his hands full with vaccinating patients, both at his office and in the homes.
>
> Unofficial estimates place the number of paid vaccinations—exclusive of "free vaccinations" at schools and health centers—at 200,000 for which fees from 25 cents to $5 were charged. An average fee of $2.50 for those who paid would yield a half million dollars to the doctors in vaccination fees alone. The many who suffered from the after effects of vaccination—requiring medical attendance in some instances over a period of months—also added to the medical harvest of gain, besides those who from reading about the epidemic sought the doctor's aid for imaginary symptoms.
>
> Meanwhile, the position of everybody except the doctors in Kansas City was very unfortunate. Merchants who had been hopefully anticipating holiday business, following the slack summer months, saw their expectations go glimmering. But they patriotically swallowed their losses, and co-operated fully with the movement to eliminate what they believed to be a raging smallpox epidemic. This Bureau's investigation, however, showed that other places about the same time had far more smallpox proportionately than Kansas City, without being placed under the ban of an epidemic.

Had these "patriotic" Missourians exhibited some of their traditional astuteness in asking "to be shown" about the voodoo rite of vaccination, they could have saved themselves not alone from money losses, but from the disease-crop—worse than smallpox—which invariably follows an orgy of wholesale vaccinations. That the logical sequence is lost to the average citizen, is due to the confusing disease-nomenclature supplied by the medical profession to cover up their disease-sowing tracks. Suppress one manifestation of a toxemic crisis, and when a later and worse one appears, give it a different name. Such has been the immemorial medical custom.

In Pittsburgh, Pa., in the Summer and Fall of 1924, the business world received another sharp object-lesson as to the disastrous effects upon trade conditions of the medical voodoo in practical operation. This time the trouble grew out of a drastic and arbitrary ruling by Pittsburgh's Health Director, Dr. C. J. Vaux, that all school children who had not been vaccinated during the preceding two years, be revaccinated; and commanding all persons of all ages in Pittsburgh—residents and visitors—to be vaccinated under penalty of fine and quarantine in their homes and places of business. Both these orders were shortly withdrawn, upon appeal to the mayor, but not until great numbers were coerced into being vaccinated. The story of "Pittsburgh's Vaccination Scourge in 1924," and its direful effects both upon the health and business life of the city, is given in a report by Andrew G. Smith, legal counsel for the well known "Pittsburgh Health Club," an organization which is described as "sponsoring no school of doctors nor sect of religion, but all of whose members oppose compulsory vaccination of persons whose conscience or judgment revolts at the practice." According to this report, the Pennsylvania law while it makes vaccination a condition of school entrance for children, carries no re-vaccinating requirement; and Dr. Vaux had no other basis for his drastic re-vaccination order than his own personal opinion about its necessity, "he being a two-year man," according to the Health Club's attorney.

> "Yet according to figures furnished by his Department," reads the report, "there had been no deaths from smallpox in Pittsburgh during the nine years from 1915 to 1923 inclusive when there was no re-vaccination, and hence no immunity—according to Vaux—except for school children under eight years of age."

And how much smallpox did Pittsburgh have in 1924 as a ground for all this vaccinating frenzy which resulted in 1,000,000 vaccinations in the city and its environs, as per the official statement of the Health Director? From the same source the Health Club's attorney took the statement in his report that "from Jan'y 1, 1924 to Oct. 1, 1924, there were 111 cases of smallpox and 22 deaths, half of the deaths occurring among Negroes, and all of the deaths occurring between June 1 and Oct. 1 when the vaccination campaign was in full swing—although it was started in Jan'y."

But while the smallpox death-toll was slight in this Pittsburgh doctor-made epidemic, the vaccination fatalities and disabilities were much more serious. The Health Club report cites 10 deaths from vaccination, giving names, ages, addresses and duration of illness—accompanied by photographs of the victims—and declares there were many more which their attorney was unable to verify because of the

Health Director's refusal to give him access to the records. Eight of these 10 deaths were among children, ages ranging from 10 months to 12 years, and duration of illness from two weeks to two months, but in every case the report read: "In perfect health until vaccinated."

The direct money loss to the city of Pittsburgh by this vaccinating raid in 1924 was $3,069,616, of which the doctors received more than $2,000,000 according to the Health Club attorney's estimate, and he said further that

> "this does not represent the indirect loss to merchants, hotel keepers and others. . . Many of the merchants deserve to be losers, however, for they joined in coercing their employees to be vaccinated . . . People were afraid to come to Pittsburgh lest they be forcibly vaccinated. The Christian Endeavor Society, for example, failed to meet expenses at their Convention, and was short $11,756 because 1500 out-of-town delegates were frightened away by the vaccination bugaboo."

One may not reasonably claim that three or four faked epidemics prove all health officials knaves; but they are quite sufficient to show that under "the system" of complete, absolute and irresponsible control of public health service by one school of healing, the foregoing cited instances may be multiplied indefinitely, and the public be none the wiser. The factors are all present which make such exploitation of the public health and the public purse possible, whenever a medical health officer may be found who is sufficiently corrupt or sufficiently fanatical, to set the machinery in motion for their accomplishment.

CHAPTER XV

Medicine, Religion and Government

Time was when archbishops and hierarchs arrogated the right to do the people's religious thinking for them, and the State enforced the edicts of ecclesiasticism with appropriate penalties—rack and thumbscrew. When this became intolerable the people rebelled, and took up the cry of Separation of Church and State, which ultimately brought religious freedom to all.

Today the exactions of the Medical Trust—as manifested through the octopus ramifications of the American Medical Association—are stirring a similar revolt, which is finding expression in the demand for a Separation of Medicine and State. The modern medical inquisitor is so far worse than the religious one, in that the latter at least stuck to his text, whereas the former crucifies us today for what he himself will send to the scrap-heap tomorrow. Moreover, the medical over-lordism extends its sway over a much wider area than the church ever did in its palmiest days-reaching out far beyond the therapeutic field to include every phase of social, educational, economic and political activity of the community.

For through its domination of every branch of the public health service, regular medicine likewise dominates the public schools, public libraries and public charities, colleges and churches to a great extent, the press and the radio, chambers of commerce and women's clubs, and finally maintains a strangle hold on the Federal, and most of the State Governments. Regardless of what may be one's personal attitude toward the therapeutic side of regular medicine, it would seem that these far-reaching monopolistic activities of any special-privilege group—and where else does the perfect flower of special-privilege bloom so luxuriantly as in the medical profession?—might awaken serious concern in the breasts of all thoughtful citizens.

Under the by-gone ecclesiastical rule, the priests sold indulgences and immunity from sin and crime to the believing multitude. The principle of selling immunity from sin was, of course, vicious and degrading; and the monstrous traffic became so notorious that the decent sense of mankind rose against it. In a more enlightened religious age, the churches—Catholic and Protestant alike—are preaching to their members that the only way to purchase immunity from sin is by living a good life. The job of the modern minister or priest is to explain to his congregation how to tune in with the laws of Nature—which are the laws of God—in order to live that good life.

But the doctors of the body have not kept pace with the doctors of the soul in this respect. Instead of teaching the newer knowledge of nutrition and health mechanics, and that the only prophylactic is correct, hygienic living—the modern priests of medicine are out selling wholesale "immunity" from every imaginable ill, from colds to cancer, through the black magic of filthy vaccines and serums and unnecessary surgical operations.

The very effective machinery for carrying out the wholesale program of selling disease immunity by organized, commercialized medicine, is the medically controlled and medically directed public health service—the full realization of Dr. Evans's 1911 vision. Public health officials, carried on the public pay-roll as servants of the people, yet holding secret and "ethical" commissions from the American Medical Association, have become virtually sales-agents for the manufacturers of vaccines and serums. Through the medically dictated Public Health Bulletins, and the medically inspired "Health Columns" of the daily press, whole communities—even to the new-born babes—are urged to buy holy serum "immunity."

Even the Insurance Companies have been induced to join in the general serological chorus. One cannot pick up a popular magazine nowadays without being confronted with a cleverly disguised advertisement, extolling the products of the serum laboratory but sponsored by an important Life

Insurance Company. A beautiful young mother is depicted holding a healthy-looking infant, and underneath is the legend carrying the Insurance Company's supposedly disinterested advice: "Mothers protect your children from diphtheria with toxin-antitoxin."

Few among the laity know that this vaccine-serum propaganda is emanating from *doctors* employed in the office of the Insurance Company; and few know of the secret compacts existing between insurance companies and the medical profession under the "group insurance" plan which binds the two in closely-knit, co-operative business interests. Hence few are equipped to combat the specious argument that insurance companies, having a direct, pocket-book interest in prolonging the lives of actual and prospective policyholders, would surely not advocate the use of something known to be inimical to life and health.

"Something *known* to be inimical," no. But where do the insurance heads get their information about the immunizing value of vaccines and serums? From their medical advisers in the office and in the home, of course; and like all the tribe of true believers—whether in medical or religious dogma—they accept without question whatever falls from the doctor's lips. The well-nigh absolute control of all channels of publicity—press, pulpit, radio and movie-film—by the Medical Association, prevents the average individual from getting any other line on serum therapy than that given out by the inoculators, whose professional and pecuniary interest in the practice is self-evident.

Not only can they charge more for a serum injection than for a drug prescription, but the former is much more effective than the latter in "making us sick and keeping us sick"—in providing future disease crops to serve the needs of the doctor's calling. Witness Manwaring's statement, that "not only is there no evidence of these antitoxins or 'Anti-bodies' being formed, but there is ground for believing that the injected germ-proteins hybridize with the body proteins to form new tribes, half animal and half human, whose characteristics and effects cannot be predicted."

Concerning the disease-breeding character of the serum immunization which the Life Insurance Companies and others feel they can so confidently recommend to the mothers of young children, Manwaring says further:

> "Even non-toxic bacterial substances, apparently harmless, sometimes hybridize with serum albumins to form specific poisons which continue to multiply, breed and cross-breed ad infinitum, doing untold harm, as their reproductivity may continue while life lasts."

In "Public Health Reports," October 30, 1931, the Metropolitan Life Insurance Company testifies that "the upward trend in the diabetes death-rate, observed since 1924, is still unchecked. . . . The rise in 1931 bids fair to exceed any year-to-year increase recorded for several years." Again in the Public Health Reports published by the U. S. Bureau of

Public Health, February 19, 1932, the Metropolitan Life Insurance Company further testifies: "Diabetes also recorded a new high death-rate. The rate was 14.4 per cent higher than in 1930, and 61 per cent higher than it was twenty years ago."

A system of healing which after 5000 years of "trial and error," is still talking about "the future progress of medicine," and describing itself as "a science in the making," whose proudest showing to date is, that it has enabled the race to swap off smallpox for cancer and typhoid fever for diabetes and insanity, may still be worthy of credence and patronage by its devoted followers. But what possible justification can there be, for *putting the whole power of the Government back of such a system,* and the public treasury at its disposal, to spread misleading propaganda about its own peculiar doctrines and methods, to force them on the helpless?

Matters of faith are not arguable—whether in medicine, religion or lovers. For "faith may be created in any quantity and to any degree of intensity," says George Bernard Shaw, "not only without any basis of fact or logic but in open contradiction of both, simply by a desire to believe coupled with a personal interest in believing."

Life insurance companies, profiting largely by their medical contracts, and protected against loss by the "ethical" provisions which insure abundant "expert" testimony on behalf of its accused clients, find it as easy to credit the medical theories about vaccine-serum immunization as any other self-interested believer in a traditional creed.

And what is true of the medical collusion with the insurance companies is equally true of medical collusion with the Government, and the same specious argument put forth by the "immunizers"—that their nefarious trade is sanctioned by the Government, means only that it is approved by the Medical Association which is in control of the Government. When ten otherwise healthy children were killed by a "preventive" dose of toxin-antitoxin—and a number of others made desperately ill—in Dallas, Texas in 1919, the alibi offered by the H. K. Mulford Company which furnished the serum, was that "it had been favorably passed on by the Department at Washington." The public is not informed that these official O.K.'s of things medical emanating from Washington are really affixed by doctors *operating inside the governmental circle,* or by the lay henchmen of the American Medical Association. "The profession cannot afford to have these places occupied by other than medical men," truly said the astute Dr. Evans.

Occasionally the powerful A.M.A. will strike a snag in the rendering of a court decision by an independent judge—as in the Iowa tuberculin-test case. But in the main the rule of the doctor in government is made secure by the simple expedient of filling all elective offices with those only who are thoroughly imbued with the idea that "health" and "regular medicine" are synonymous terms. To achieve this end, the medico-political machine is non-partizan in its activities, contributing campaign funds to both the major parties, but throwing the preponderance of its influence to the one more often in power.

The dominant party since the Civil War has been the Republican, but the American Medical Association has not scorned the Democrats. Here could be found abundant and ready-to-hand material, suited to its purposes: Inherited and traditional beliefs in allopathic wisdom and superiority. The usual crop of pin-head politicians and opportunists, waiting to attach themselves to any powerful ally with perquisites to dispense. Thus when Senator Carter Glass of Virginia brought to the attention of Congress the wrongs of dairy farmers, inflicted by the tuberculin test, together with the documentary, scientific proofs of the worthless character of the test, it was his own Democratic colleague, Royal S. Copeland, a senator from New York, who led the fight against his proposal for a Congressional investigation.

Health Commissioner Copeland having proven his worth to the medical hierarchy by his ability to extract funds from the New York City treasury with which to combat imaginary epidemics would be invaluable in the United States Senate. What mattered it whether he enrolled as a Democrat or a Republican, so long as he kept guard over the hierarchy's interests? He has so far vindicated their trust in him in every particular, and to facilitate his usefulness to them, he has secured positions on the two most important committees for its purposes—the Senate Committee on Commerce and the Senate Committee on Appropriations.

Then there were those two faithful servants, Senators Wm. J. Harris of Georgia, and Joseph Ransdell of Louisiana, whose loyalty to the party of Jefferson was above reproach—seeing it was of that true-blue "solidified" brand of Democracy which obtains South of Mason and Dixon's Line. Whether their willingness to take orders from a Northern Republican organization like the A.M.A. was due to the fact that these orders fitted in with their own personal views about regular, orthodox medicine—which seems the more likely explanation—or for some other reason, is not important. The net result of their actions on the community was the same.

On March 13, 1930, there was held at Washington a so-called "Cancer Hearing" before a subcommittee of the Committee on Commerce of the U. S. Senate, pursuant to a resolution offered in the Senate by Hon. Wm. J. Harris of Georgia which read as follows:

> *Resolved,* That the Commerce Committee or a subcommittee thereof, is authorized and directed to make a thorough investigation of the means and methods whereby the Federal Government may aid in discovering a successful and practical cure for cancer; and to report to Congress as soon as practicable the results of such investigation, together with its recommendations for legislation and appropriations. The Public Health Service, the National Academy of

> Sciences, and all executive departments and independent establishments of the Government are requested to cooperate with such Committee in carrying out the purposes of this Resolution, Sen. Res. 79.

And as was touched on before in this book, the "thorough investigation" herein authorized and undertaken by the Senate, consisted in listening to certain hand-picked members of the "American Society for the Control of Cancer," who came to re-thrash the old straw and explode the old chestnuts about cancer being "a local disease" of mysterious origin and hopeless termination, *except* those rare cases fortunate enough to be overtaken "in the early stages" by surgery or radiation.

All exponents of the constitutional or blood theory of cancer, even such a prominent one as Dr. Wm. F. Koch of Detroit, were rigidly barred from this Senate hearing, and the "searching investigation" by the Government for new light on the cancer problem ended in the Committee's recommendation to Congress to give more money to surgeons and radiologists.

The fine scorn of the "regulars" for "cancer cures" of every kind has placed a stigma against the term, and has discouraged research along lines which might lead the cancer-stricken to some sort of hope. This was fittingly illustrated at the Senate hearing in the uncompromising attitude of Dr. James Ewing, director of cancer research in the Memorial Hospital of New York, and dean of the watch-dogs in the "Society for the Control of Cancer Propaganda." "More than 90 percent of all persons afflicted with real cancer, die of it," stated Dr. Ewing, while holding out the bait that this frightful mortality *might* be cut down to 70 percent "in the three or four best cancer clinics of the country"—in which class he rated his own, of course—*if the Congress would be sufficiently generous with its appropriations.*

But Dr. Ewing openly scouted the likelihood of "a cancer cure," either in the near or the far future, and the timid Berkeley professors who had come all the way from the University of California to tell the Senate Investigating Committee about their cancer discovery, became more timid in the presence of so much embattled Eastern skepticism and pessimism. Besides the New York Doctors, Ewing and Little, there were Joseph Colt Bloodgood of Johns Hopkins, and Hugh S. Cumming, Surgeon-General of the U. S. Bureau of Public Health at Washington.

It is doubtful whether the California professors could have held up their heads in that company at all, had they not been under the protective wing of their own Senator Hiram Johnson, a member of the investigating committee, and been further upheld by the heartening words of the bland Senator from New York, Dr. Copeland, also a member of the Committee, who served as introducer for the first California speaker, Dr. Coffey.

> "I assume we have no thought at all of passing upon any cure or alleged cure, or theory," began the wily New York Senator. "I know Dr. Coffey so well, that I know he will appreciate what I am saying. He has made a long study of this subject, to my knowledge, over many many years, and out of that study he must have developed ideas. . . . *He is not here to exploit any cure that he has. . . . I know the embarrassment of a professional man who has been dragged from his professional seclusion into the limelight by these heralded cures,* and that sort of thing. . . . The doctor is an eminent member of the profession, and is recognized by the legitimate and ethical profession, as well as the outstanding members. . . . He is here merely to aid us, so that we may advise our colleagues in the Congress about the matter before us in this hearing. . . . I want the Committee to appreciate that when Dr. Coffey testifies, he testifies as an outstanding member of the profession." (Italics mine.)

Thus primed and adjured, with the stage all set for him, the first California witness did not disappoint his sponsors. With that sort of introduction he could hardly be expected to bring to the attention of that audience anything so disgraceful as a "cancer cure." It would not have been "ethical." So Dr. Coffey modestly related to the Senate Committee—with its entourage of medical overlords—how he and his associate, Dr. Humber, over a long period of experiment and observation, had found something they believed might be of value in the treatment of cancer. This he explained to be an extract derived from the suprarenal glands of animals, which when injected under the skin of a cancer patient, had proved its power in a number of cases to arrest the malady by destroying the cancerous growth.

> "But in no sense," protested Dr. Coffey, "have we claimed to have a cancer cure, and in no single instance have we used this treatment except on patients bringing a certificate from their own physicians that *the case had been pronounced inoperable.* . . . If a case comes to us which, from our years of experience, we think can be operated on, or that radium might benefit, we refuse to inject our extract. . . . We follow usage and the scientific use of the knife, X-ray or radium."

When heckled by Senator Jones of Washington, one of the Committee, as to why his treatment should be restricted to the extreme, moribund cases of cancer, and whether his refusal to use it in the early stages was due to his fear of its action, Dr. Coffey replied: "No, we have no fear about its action in the early stages, but we follow the custom of scientific men, and if we wavered from that we would be very severely criticised."

It may well be doubted whether the real significance of these canting phrases of medical ethics uttered by the California professor seeped through the gray matter of the senators conducting this cancer hearing. It was enough for the peace and harmony of the meeting that the guardians of surgical and radium preserves there present, understood that there would be no invasion of their field by the California investigators. No immediate invasion, at least, but to make assurance doubly sure, some months later, there was issued from one of the largest cancer-research departments in the East, a published statement to the effect that "the much advertised Coffey-Humber 'discovery' was absolutely worthless in cancer treatment."

It is no part of the purpose of this recital to vindicate the worth of the Coffey-Humber cancer treatment, except in so far as it is predicated on the constitutional or biochemic theory of cancer—which we hold to be the scientific concept of the disease. But the point to be emphasized in this cancer-hearing episode at Washington, is, that no matter how valuable the Coffey-Humber contribution to the problem may have been, its value was nullified and the accruing benefits to cancer sufferers completely lost by the "ethical" ban which debarred its use in the early stages of the malady. For here alone could its value be fairly tested.

The Senate "cancer hearing" at Washington was a typical example of the baneful effects of the influence of organized medicine in government, though by no means a solitary example. Not only did nothing of value to the world of cancer sufferers emerge from that hearing, but it added to their burdens, as well as to those of groaning taxpayers, by taking huge sums from the public Treasury to hand over to the men who had battened off the miseries of the cancer-stricken for ages, and who had consistently blocked every movement for a more rational consideration and treatment.

Nor is the net purport of these facts in anywise altered by the further fact—freely conceded—that probably most, if not all, the actors in the Senate Cancer-Investigation comedy, *believed* they were acting in the best interests of the community. If sincerity of intention is to be the test of Tightness, probably Tomás de Torquemada—in all the ranks of bigotry—is most deserving of a crown of righteousness.

"Of all the classes in the community, the two who should never be entrusted with autocratic power," said Wm. T. Stead, the English journalist, "are the priest and the physician; and of these two, the doctor is most to be feared." Under the old regime of religious tyranny, the church autocrat said to the non-conformist recalcitrant: "You can be saved by this formula, or you shall be damned." Under the modern medical regime, the alternative offered is: "You may be cured by the regular allopathic method, or you shall die, or stay sick"—which is worse. That the medical threat carries more terror than the ecclesiastic ban, rests on two counts. First, more persons are concerned about their bodies than about their souls; and second, while the power of the church either to save us or damn us, is accepted only by the believing few, the ability of the doctor to keep us sick and kill us, is not questioned by anybody.

The pity of it all is that the Fathers of the Republic who saw so clearly the abuses that would arise from permitting a man's political conduct to be influenced by his religious adviser, and very carefully provided against that in the Federal Constitution, did not at the same time foresee the greater abuses inherent in a system which permits the conduct of public officials to be influenced—not to say dictated—by their family doctors. Thus the door was left open for the institution of state-sponsored medicine with all its attendant evils, which, since the adoption of the Evans resolution has become a dominant political power in government. So insidious has been its approach, under the guise of protecting the public health, that few persons realize the absolutism of organized, official medicine, in Federal, State and Municipal Government today.

Some notion of its financial resources may be gained from a statement given to the press in the winter of 1927 by Dr. C. C. Burlingame of New York City. Dr. Burlingame, who is listed as "an eminent psychiatrist who is also a business efficiency expert," said at that time: "If the United States Steel Corporation and the United States Telegraph and Telephone Companies were to pool their holdings, their combined capital would not equal the sums invested in hospital properties in the United States today."

Dr. Burlingame did not differentiate the public from the private hospitals in this huge total estimate, but a conservative guess would place at least half of these hospitals in the class of those built and maintained by the tax-money contributed by all of the people. In this class would be all the State, County and Municipal hospitals, "homes" and asylums of every kind for the physically or mentally handicapped, and the Government hospitals specializing in the care of disabled veterans of the Army and Navy. To say that these tax-supported institutions belong to the people is a truism supported by our cardinal American doctrine of "no taxation without representation"; and their monopoly by the practitioners of any school of healing, to the exclusion of others licensed to care for the sick under State laws, is a plain violation of the Sherman Anti-Trust Act carried on our federal statute-books for more than a generation.

The Government hospitals for veterans especially should be open to any type of healer called for by the inmates. For if there is one class of invalids more than another entitled to receive the kind of treatment they prefer, it is these broken men in Army and Navy hospitals. Apropos of this is the following true story: While in Washington in February 1930, I received a letter from some ex-service men in San Jose, California, asking to have a bill introduced to permit disabled veterans in Government hospitals who desired them, to have the services of osteopaths and chiropractors instead of the medical attention furnished by the Hospital. The letter explained that some of the men felt their present disabilities were chiefly the result of the army-camp doctor's over-zealous hypodermic, and his ill-judged surgical operations. Their request seemed all the more reasonable in that the Government after the war had provided training in some of these manipulative schools for certain ex-soldiers who had requested it.

With this in mind, I made the round of the California delegation in Congress who one and all promptly "passed the buck" to Director-General Hines of the Veterans' Bureau, saying, "We can not sponsor any legislation pertaining to veterans that has not first been approved by the Bureau." From one of these California congressmen I learned that he was at that very moment pleading the cause of three ex-service men before the Bureau, two of whom had been made totally blind by an army vaccination against smallpox, and the third had been driven insane by an anti-typhoid vaccination followed by a spinal puncture. He said the Bureau was fighting the compensation claims of these disabled men because it was unwilling to admit their disabilities were caused by the army-camp treatments, although the evidence in all three cases was clear and inescapable.

Nevertheless, Director Hines, when approached with the San Jose proposition, responded in a way that reflected the perfect control of the Bureau by the A.M.A., and the Director's perfect faith in the "regulars." His letter reads as follows:

> Dear Madam.—The Bureau has a responsibility to its beneficiaries which it is endeavoring to meet in a conscientious manner . . . You will understand that the average patient would not be a competent judge of the proper therapy for the condition from which he is suffering. . . Therefore it remains for the administrative head of the service to arrange for the treatments which these veterans shall receive.
>
> In its medical service to veterans the Bureau utilizes solely the methods of the regular school of medicine, which is not only the largest numerically, but its methods are conscientiously believed to be the most modern. . . . It would be administratively inadvisable to attempt to recognize the therapeutic practices of these other groups. Once any particular cult was recognized, there would be application for equal recognition from Osteopaths, Christian Scientists, mechano-therapists and others. . . You will therefore understand that in view of the above statement of existing conditions, I am unable to recommend any change in Bureau regulations relative to the treatment of its beneficiaries.
>
> Yours very truly,
> (signed) Frank T. Hines, Director.

From figures given in the Surgeon-General's Army Reports (1918-19), the fair inference may be drawn that more American soldiers were killed and disabled by the army-camp doctors' ministrations than by German guns and gas-bombs. Perhaps Director Hines was ignorant of this Army Report showing, and surely did not have in mind the blinded and crazed clients of the California Congressman, when he spoke of "the Bureau's feeling of responsibility toward its beneficiaries." It is a fact that any civilian who has the price—even a moron—may select his own system of healing; but under this iron-clad ruling of a governmental department, "the nation's defenders" must continue under the one which is responsible for their sufferings, and all because Director Hines "conscientiously believes" it should be so! Could any state-imposed religious dogma work hardships comparable to this?

Somewhat indicative of the revolt stirring among ex-soldiers is the following resolution recently drawn up and unanimously adopted by a group of San Jose veterans:

> RESOLUTION FOR CHIROPRACTIC ADJUSTMENTS FOR VETERANS.
>
> Whereas, 42,420 war veterans have died during the fiscal period of February 1932, and 45,000 are in hospitals; and
> Whereas, 28,000 war veterans died during 1931, with 35,000 in Government hospitals; and, Whereas, most of these men could have been saved and returned to their homes had the Director of the Veterans' Administration permitted them to have Chiropractic adjustments, Therefore Be It RESOLVED, that San Jose Chapter No. 11, Disabled American Veterans of the World War, request such adjustments for those disabled veterans who desire the same. Be it further Resolved, that a copy of this Resolution be sent to the State Department, the National Commander, and to the Associated Press.
>
> Respectfully submitted,
> (signed) S. E. Vanancy, Junior Vice-Commander,
> San Jose, California.

In the closing weeks of the second session of the 71st Congress, 1930, two bills designed greatly to augment the financial and political strength of organized medicine in the nation, were put through both the House and Senate—without even a roll-call—and signed by the President. They were listed as the "Jones-Parker Bill," for Co-ordinating all Public Health Activities under one official head, the Surgeon-General of the U. S. Public Health Bureau, whose official status and official salary were to be raised to those of the Surgeon-General of the Army; and the "Ransdell Bill," for a million-dollar "Health Institute," which was also to be under the direction of this same Public Health potentate—with his new military status and salary—since the bill provided that it was to be run in connection with the "Hygienic Laboratory" which is an integral part of the U. S. Bureau of Public Health. Needless to say, all the research conducted by the new "National Health Institute," will be along the same old standardized medical lines and any research innovator threatening the stability of the ancient gods of voodooism, would be rigidly excluded. That is the essential feature of every monopoly. You can have all you want—and more than you want—*of that one thing,* but you can't have anything different.

Curiously enough, while the statesmen recognize this objection to monopoly in every other field, they seem to be blind and deaf to the dangers in medical monopoly. When the Jones-Parker Bill and the Ransdell Bill, after being rushed through Congress in 1928, were brought before Calvin Coolidge, however, that silent gentleman, after looking them over, stopped them with a presidential veto, and gave as a reason for his act that "these bills give a military status to men supposed to be engaged in scientific research." The militarization of medicine—just what would that mean? It might mean the firing-squad for medical dissenters and recalcitrants, who in the past have faced nothing worse than fines and jail sentences.

With Coolidge safely out of the White House, the medical militarization bills were quickly placed on the 1930 calendar, when they encountered no hitch from his successor after their rapid transit through Congress. President Hoover signed them with alacrity, and then returned this strong lead of the Medical Trust with a large trump-card of his own—the "White House Conference on Child Health and Protection." Occupied with the details of this, and the hope of re-electing their valuable White House ally, the medical overlords have not yet struck their militaristic stride. That could wait. But can we, the friends of medical freedom, and the responsible defenders of children's bodies, afford to sit idle until the medico-political net envelops us entirely?

During that same 1930 Washington sojourn, I succeeded in getting six U. S. Senators—four Republicans and two Democrats—instructed by their constituents "back home" to introduce a resolution I had drawn up calling on the Surgeon-General of the U. S. Public Health Bureau to transmit to the Senate certain information touching some of its activities. The Resolution was innocent enough, if the Public Health Service would bear inspection, but charged with dynamite if there were truth in the charge, frequently made, that there was a venal connection between our public health officials and the vaccine-serum laboratories in the country.

Apparently the senators preferred to stay on the safe side of a possible explosion, as not one of the six whom I approached with my resolution would consent to introduce it—not even "by request." Even Senator Dill of Washington—one of the instructed six—asked to be excused, although he had protested against the use of the spinal puncture on veterans in Government hospitals on one occasion from the floor of the Senate, in May 1924, when the Veterans' Bureau was under investigation, as reported in the Congressional Record, Vol. 65, pp. 106, 107-8.

What then can be done to abate this evil, and halt the march of the medical overlordism so rapidly approaching absolutism in government? Manifestly the only thing to do, is to keep up a continuous barrage of fact-finding publicity, until the public is educated and aroused to a sense of its own danger from the monopolistic rule of the most powerful and vicious of all the "combinations in restraint of competition," the most to be feared of all "vested interests"—*the men with the vested interest in disease.*

Since most of the political power of organized medicine—as well as a large portion of its revenues—is derived from its control of the Public Health Service, the first step in constructive reform is a popular demand for a complete change in the personnel of health boards.

To divorce medical practice from the sanitary functioning of these boards—whose only legitimate reason for existence is to maintain sanitary conditions in public places—it would only be necessary to retire the medical theorists now in control of them, and substitute sanitary engineers and plumbers. These are the men who know how to give us clean streets, efficient garbage disposal, clean markets and dairies, sanitary housing and a pure water supply, and the proper heating, lighting and ventilation of public buildings. These things have no connection with *materia medica,* and should never be placed in the hands of men with a professional and pecuniary interest in diverting them from their pure, clean purposes, to the business of injecting disease-breeding poisons into human bloodstreams.

The health-board functioning, in other words, *is not a doctor's job.* Not any kind of a doctor, either drug or drugless, should be in control of this important branch of governmental service. The law should be so amended as to read: "The Public Health Commissioner, whether Federal, State, County or Municipal, shall be in every case, a trained, sanitary engineer, *who is not a graduate of any school of healing."* This change would at least abolish the present anomalous custom of putting the men whose incomes are predicated on disease, in complete, arbitrary, and irresponsible control of the Public Health Service.

But there is another arm of the Public Health Service, the public hospital, dispensary or clinic, where the care of the sick is indicated, that may properly come within the purview of the doctor's calling. But this does not justify the monopoly of these publicly maintained asylums for the sick by any one school of healing, in a day when there are several others recognized in law and supported by popular demand. This branch of the Public Health Service could be brought more into conformity with the Constitutional rights of the

sick and the taxpayers, and into fuller accord with the theory of American government, simply by reorganizing the administrative end of it. Every such tax-supported hospital should be governed by a layman's board of regents, whose duty it should be to keep on its staff of attendants one or more practitioners of every school of healing licensed under the State laws, and leave to the free choice of individual patients—or their guardians—the kind of treatment to be furnished in each case.

This would be democracy in the healing art, which while it might not work out any better in actual achievement than democracy in other fields, would at least remove from the individual the irritation of compulsory treatments for his own body, and from a supposedly free Government the odium of permitting any special-privileged group of guessers and theorists to enforce with a club what in 5000 years they have been unable to win by the fair means of persuasion and logic.

Under such a system of free choice of therapies, no one would be deprived of medical attention who wished it, but the medical man would be deprived of the power to force his methods on those who didn't want them. The older, so-called "regular" school of healing would only be required to stand on its own two feet and compete with the newer schools for sick patronage on an honest basis of competition—without any unfair advantages in the way of governmental preference and sponsorship. Seems a bit remarkable, doesn't it?, that this oldest school of healing, with all its accredited skill and learning, with all its cumulative wealth and prestige, should require to be subsidized by the state to enable it to compete with "quacks"!

Under a more rational system of public-health control, with a more equitable representation of all the healing cults on hospital staffs, there would not be the same opportunity for such abuses of power as now obtain under monopolistic medical rule. During the World War, in addition to the wholesale inoculations which were routine procedure in all the armies, many of the soldiers were forced to undergo major operations, under penalty of court-martial proceedings—at the discretion or whim of the army-camp surgeon.

Some such cases were reported by the surgeons themselves in the Journal of the American Medical Association, and there were press reports—a few only because the press is very loyal to the medical dictatorship—of soldiers who refused to be vaccinated being court-martialed and imprisoned. There was one outstanding case of an American who held an especially honorable war record, and was of unblemished character. Yet because he had his own views about vaccination and refused to submit to the blood pollution demanded by the army officials, he was stripped of all his war decorations, made to forfeit all pay and condemned to 25 years' hard labor in Fort Leaven-worth prison!

A letter from the office of the Judge-Advocate-General at Washington, addressed to Mr. Charles M. Higgins of Brooklyn, N. Y., in reply to an inquiry by Mr. Higgins and admitting the facts in this case, was shown to me by Mr. Higgins in 1923; and in the summer of 1926 I met in Los Angeles some gentlemen who knew of this man's case, and who had written to their California delegates in Congress to use their influence for his release. An attache of the Medical Corps at Camp Dix during the war is authority for the statement that "they carried out soldiers' tonsils by the pailful from the operating rooms." Tonsils being the natural filters and buffers against outside impurities for bronchia and lungs, these wholesale tonsilectomies were no doubt a contributory factor—along with inoculations—in the amazing amount of tuberculosis developed among American troops—

"the picked men of the nation"—in the brief period of America's participation in the World War.

What would be thought or said in this enlightened age, I wonder, if governments should force upon their soldiers certain religious rites which some powerful sect in their midst—backed by a section of the population—believed essential to their "soul's welfare"? Yet such a procedure would be far more logical—and far less harmful—than the enforced vaccinations and surgical operations now the army-camp vogue. Seeing that soldiers on the eve of battle should feel more concern about their souls, which may be all that is left to them when the battle is over, than about the bodies that may have to be cast away altogether, or else emerge so broken and mangled as to be no further source of pride or joy to anybody. And the one procedure has no more scientific basis than the other for the government which orders it. Both rest on the bureaucrats' unquestioning acceptance of a medical or religious dictum.

The peculiar menace in state-sponsored medicine centers in the fact that medicine is *a self-controlled profession* to a degree not realized by any other professional group. "Any self-controlled profession is a conspiracy against the laity," says Bernard Shaw, and the conspiracy in the case of the medical "close corporation" is heightened by the fact that it cloaks crimes against both life and purse. Every other sort of hold-up artist will give his prey a choice of "your money or your life." The medical conspirator is the only one of that class who takes both.

A striking example of the working of the medical conspiracy in the United States was furnished some years ago (1910), by the publication of a book entitled *Medical Chaos and Crime* by Norman Barnesby M.D. This book was an indictment of the medical Code of Ethics as it was then and as it is today—a virtual conspiracy against the life and health of the laity—by "one of their own," a graduate of Rush Medical College in Chicago and "a regular" of the straightest pattern.

He appears to have been impelled—as a reputable, responsible physician, jealous for the honor of his kind—to cry out against a code which imposed silence and concealment upon hospital attendants—internes, nurses and associate physicians—concerning surgical blunders and crimes, as well as egregious graft and common theft enacted behind hospital walls. As a staff physician on various American hospitals—the *United States Marine,* the *Washington Heights, New York Hospital,* and others—Dr. Barnesby was in position to get first-hand knowledge of the things whereof he wrote. He mentioned no names, in turning the seamy side of hospital life outward to the public gaze, and he made it quite clear, that no individual doctor or surgeon, but *the system* was at fault; and he called on his colleagues more in sorrow than in anger to act in a collective capacity for its sorely needed reform, and to "save an honorable profession from the laymen's wrath to come."

Organized Medicine's reaction to Dr. Barnesby's appeal only added his name to the list of misguided ones who thought the medical system could be reformed from the inside. He was denounced by medical societies, expelled from the inner circle of the A.M.A., and after a few years' continuance in private practice on an obscure New York street, he abandoned medical practice entirely for commercial pursuits. In a review of *Medical Chaos and Crime* carried in *Medical Brief* at the time it was issued, the reviewer admits the justice of its charges in the main, and the probable accuracy of the hospital horrors depicted in its pages. "But what possible effect could the publication of such things have—except to shake public confidence in Dr. Barnesby's profession?" asks the reviewer.

This view of Medicine as "a confidence game," and its practitioners bound by an "ethical oath" to keep up the popular credulity at all hazards or costs, gives point to the assertion often made that "all real reforms must come from the laity." The following excerpt from a magazine article on the question of medical control in government, written by Clarence Darrow, voices a disinterested and intelligent lay opinion from a distinguished source:

> "The efforts of the medical profession in the United States to control the treatment of human ailments," says Darrow, "is not due to its love of humanity. *It is due to its love of its job*—which job it proposes to monopolize. . . . It has been carrying on a vigorous campaign all over the country against new methods and schools of healing because it wants the business, and insists that nobody shall live or die without its services.
>
> "Whether it cures more or fewer people than the schools which do not use medicine, or whether it cures anybody, are debatable questions which I shall not attempt to discuss. I stand for every one's right to regulate his own life so long as it doesn't infringe other people's right to do the same; and if a man wants to live and die without the aid of the medical profession, he should be permitted to do so. If he hasn't that right it is pretty hard to tell what rights he should have."

In the same article Darrow continues:

> "Now I would have no quarrel with the medical profession if they would leave me alone. I am willing that they should advertize their wares, but I object to being forced to patronize them. They have specifics to prevent one from taking almost every disease, yet not one of them can explain how prevention is brought about—nor can he prove that it does prevent. They are not content to vaccinate those who apply to them, but they ask the State to compel everybody to be vaccinated. *I might as well ask the State to compel everybody to hire me to try their cases !*
>
> "Sometime if they keep on—and they will keep on if the people give them the chance—they will be able to vaccinate us for everything and we shall be compelled to submit. . . . I have watched this medical profession for a

> long time—and it bears watching—and I know that there is not a single thing affecting human life that they will not lay their hands on if we give them the chance."

Like all tyrannies, however, the medical overlordism doesn't bear very heavily upon men of Mr. Darrow's position. Not upon the rich and powerful who as individuals are generally able to fend for themselves. It is upon the helpless classes—upon school children, upon working men and women in factories, stores and other industrial plants; and upon the most tragically and ironically helpless class of all—our so-called "national defenders" in the Army and Navy, that the brunt of medicine-in-government—with all that the term implies—falls with most disastrous effect.

It is a fair inference from figures furnished by the 1918-19 Reports of Surgeon-General Ireland, and by Colonel Leonard Ayers' *Statistical Study of the War with Germany,* that more American young men were killed and disabled in the World War through the army-camp doctors' hypodermic and ill-considered surgical operations, than by German guns and gas-bombs. According to these official figures, there were among enlisted men in the various countries where American troops were stationed in 1918, *almost as many hospital admissions for disease as there were men in the Army*—977 sick for every 1000 men!

In the A.E.F., where a small division of troops landed in the late Spring and early Summer of 1918, 300,000 hospital beds sprang up from nothing, of which 195,000 were occupied at the time of the Armistice. Among American troops serving at home and abroad, there were 112,649 discharges from the Army because of disease, and in the wind-up of the casualties, the Surgeon-General reported 57,460—nearly half—*had died of disease!*

Now the question arises—*what made them sick?* These were "the picked men of the nation," admitted to the service only after a rigid physical examination by "regular, reputable" medical examiners. They were supposedly the most robust, resistant class of all. How came it that these able-bodied young men succumbed by the thousands to such children's diseases as measles, scarlet-fever, diphtheria and mumps? It is a significant pointer—which might shed some light on the puzzle-picture—that the greatest mortality from illness, as well as the highest rate of discharge from the Army because of illness, occurred in the army camps of the United States—among men who never got across the seas at all—and housed in well-appointed cantonments on which the Government had expended 1200,000,000—about half the cost of the Panama Canal—and in which the private soldier, in the matter of food, clothing, etc., was better conditioned than the average civilian during the period of the war.

It speaks rather eloquently to the point at issue, that the men who suffered most severely through American participation in the European conflict were those furthest from the seat of war, but closest to the mischief which Satan found for the army doctor's idle hands—inoculations and tonsilectomies. Further significant testimony on this head was given in a letter I was permitted to read, which was written by a soldier inmate of a California military camp and addressed to a prominent Osteopath of Pasadena:

> "We were being given the serum as routine procedure," the letter ran, "and the men were dying like flies. Then the order came to stop the serum injections, and almost immediately there was a change for the better and there were no more deaths. The doctors must have learned something, as the serum shots were dropped altogether. But for God's sake keep this under your hat. I should be court-martialed for giving it out if it were known."

Shortly afterwards the Pasadena doctor learned that the writer of this letter had died of influenza in camp, and was beyond the reach of court-martial proceedings at the time I saw the letter.

These are some of the baleful fruits of state-sponsored medicine as it manifests itself in army and navy circles; but civilians also may not escape its arbitrary rulings and direful consequences in their different spheres. One of its most oppressive manifestations is based on the "germ carrier" theory, which has furnished a convenient alibi for the failure of the causative-germ theory of disease to meet the Koch postulate that "the causative germ must only be found associated with the specific disease it is supposed to cause."

Unable to make this fit into the frequent appearance of the "deadly bacillus" where the specific disease to which it was assigned was conspicuously absent, the microphobists met the difficulty by declaring that the healthy bodies found harboring the germs were favored habitats for them—"germ hatcheries," so to speak, and peculiarly dangerous sources of infection. These they named "carriers," capable of carrying and transmitting the disease to others while remaining free from it themselves; and upon this irrational medical assumption—unproven and unprovable—innocent and harmless persons have been arrested and imprisoned, deprived of their liberty and the privilege of earning a livelihood, solely on the arbitrary ruling of an ignorant, bigoted or venal Health Board from whose decrees there is no appeal.

The value and practicability of the "carrier" idea in public health service, may be partially gauged by the testimony of the carrier theorists themselves. Major Ralph Kinsella of the Army Medical Corps said in the Journal of the American Medical Association (March 8, 1919):

> "The report of the Pneumonia Commission at Camp Pike—made long before influenza appeared in this country—recited that an analysis of sputum from 132 normally healthy individuals discovered 35 percent of them harboring the Pfeiffer bacillus." (The "Pfeiffer bacillus" was the bug most strongly under suspicion of causing the "flu.")

Dr. William Park, head of the New York City Laboratories, is quoted in a N. Y. Health Department bulletin, (March 15, 1919), as saying:

> "About one percent of the people of New York harbor virulent diphtheria germs in their throats, and it is not possible to use cultures on a sufficiently large scale to discover all carriers in a community, or to affect the general incidence of the disease."

Dr. Charles E. Simon of Philadelphia, in his book, *Human Infection Carriers,* names cholera, typhoid, diphtheria, meningitis, pneumonia and a few other maladies among "those susceptible of being spread by carriers." He estimates the number of typhoid carriers in every large city at about 4 percent of the population, and affirms "there are an average of ten carriers for every case of meningitis."

Now to pursue the "carrier" isolation on the basis of these expert calculations to its logical conclusion: If 35 percent of the people are harboring "Pfeiffer bacilli," it would mean the isolation of over 35 million persons as a protection to the others against influenza; if one percent of them are carrying diphtheria germs, that would send over one million more healthy persons into retirement—along with more than four million spreaders of typhoid infection, as many more carriers of spinal meningitis and what not. And since carriers beget carriers—even if each one infected only one extra person a week, and as in every hysterical movements the zealots quickly pass from actual offenders to suspects—it is plain as a matter of simple arithmetical computation, that within the space of a few months, we would all be in quarantine as a protection against each other!

And the worst of this is that the "immunizers" claim that *they create "carriers" with their immunizing serums.* The absurdity of such a claim is humorously brought out by a contributor to *Life,* who writes:

> Dr. Chapin of Providence, R. I. and Dr. Whip-pie of the University of California have each stated that "carriers" are manufactured by doctors through the injection of "immunizing" doses of antitoxin and other serums.
>
> Of course this is pure brag. How could a dose of serum give a microbe such a head that it would refuse to eat or drink until it had left the scene of last night's spree as far behind it in proportion to its size as several times through the diameter of the earth would be to a man? Nor is this all. We are asked to believed that the account of the terrific effects of the doctor's magic potion is handed down so vividly by tradition through hundreds of generations of microbes, that they voluntarily abstain from all nourishment throughout their lives!
>
> Only those whose prodigious energy causes them to emigrate ever get a square meal or any blood that is fit to drink. What a disappointment it must be to a microbe, after walking a billion times its own length on an empty stomach—his wife and a thousand hungry children tagging after him, the last hundred in her arms

> squalling for food—to see the person who looked so tasty and tempting from a distance stuck all over with signs saying "Beware! Saturated with Dr. Soakum's Serum"!

The practical, net result of this ridiculous medical theory of "carriers" is no laughing matter, however, to the helpless victims of it. There was the case of "Typhoid Mary," a maid-servant of the better class in New York City, who in the summer of 1907 during the absence of her regular employer, was working temporarily in a place where several cases of typhoid fever developed. Because Mary did not fall ill with the fever though in contact with the patients, the only explanation the "medical science" which controls health boards could offer for such a phenomenon, was that the woman was "a typhoid carrier." There was absolutely no proof of it except the health officer's guess, and much contrary evidence was offered by Mary and her friends. She was arrested, charged with being "a menace to the public health," branded as "Typhoid Mary" in the newspapers, and imprisoned in the Isolation Hospital on North Brothers Island, where she remains to this day—a feeble, muttering old woman, the victim of morose melancholia after twenty-eight years of solitary confinement.

In the Fall of 1928, a news item in one of the papers reported 12 other "carriers" apprehended and imprisoned by the New York Health Department, and there was a famous "Typhoid Harry" in the annals of the San Francisco Department of Health. But curiously enough, although there is a prevalent notion that microbes are no respecters of persons and millionaires as a class should carry more and probably worse germs than workingmen as a class, no one has ever heard of a millionaire being in quarantine as "a disease carrier." There are no "Typhoid Rockefellers" or "Diphtheria Morgans."

With all the cumulative wealth and prestige attaching to regular medicine today, and the power it wields through the superstitious hold it still maintains over the minds of perhaps half the population, quite enough damage would ensue from the voluntary acceptance of the voodoo practice of vaccine-serum immunology. But to put behind it the full force of the Government—the public funds and the police powers of the State—to enforce these destructive and disease-breeding inoculations upon the unwilling and the defenceless, constitutes a form of tyranny in modern times which shames most of the despotisms of the past.

The right of the sick to get well by any method they choose—the most elemental of human rights; and the right of the grown-up man or woman to accept or reject any kind of medication for his or her own body—without which right they are in effect chattel slaves. Shall these fundamentals of human freedom be denied under a government like ours—whose Federal Constitution makes a specialty of individual liberty?